Survey of the health and well-being of prisoners

Interviewer instructions

September 1997
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1. Overview of research programme

1.1 Background and purpose

The Department of Health has commissioned SSD to carry out a survey of the health and well-being amongst prisoners in England and Wales. The main aim of the survey is to collect data on the mental health of prisoners to inform general policy decisions.

You may have heard about or been involved in the previous surveys of psychiatric morbidity carried out during 1993 and 1994 by SSD. This series of national surveys covered people aged 16-64:

- in private households
- in institutions specifically catering for people with mental health problems
- who are homeless
- and adults known to have a severe mental illness

One group of adults not covered in this initial programme of research was prisoners. In 1993, The Review of Health and Social Services for Mentally Disordered Offenders and Others requiring Similar Services identified research into the prevalence of mental disorders among remand prisoners as a priority.

The population to be covered by this survey are male and female, remand and sentenced prisoners aged 16-64. Prisoners will be sampled at all Prison Service establishments in England and Wales.
1.2 Brief summary of procedures

The content of the questionnaire is very similar to that used in previous psychiatric morbidity surveys. Additional questions have been added, many of which were used in the Survey of the Physical Health of Prisoners. There are also some completely new questions, e.g. the sections on personality disorder and drug use.

A team of interviewers will work in each establishment. The co-ordinator will need to make an initial to introduce her/himself and to arrange a visit to draw the sample, collect some information about each sampled inmate from the prison records and make the practical arrangements.

The team will then return to the prison to interview the selected prisoners. Each respondent will also be asked to give their written consent for you to consult their medical and treatment records and to a follow-up interview. The main purpose of this is to extract details of any medication or treatment related to mental health problems, either currently or in the past.

1 in 5 respondents will be randomly chosen to take part in a follow-up interview. These follow-up interviews will be carried out by psychiatrists. This second interview will consist of a SCAN (Schedules for Clinical Assessment of Neuropsychiatry) interview to identify respondents with a psychotic disorder and a SCID-P interview for the diagnosis of personality disorder.
2. Prison environment

2.1 Types of prison

There are several different types of prison, the most obvious split being whether they house male or female prisoners (although there are a few prisons which cater for both). They are further divided into prisons catering solely for young offenders (Young Offender Institutions - YOI) or for all ages of prisoner.

YOIs may be closed, open or short sentence. A closed YOI has, as the name implies, stricter security than an open prison. Inmates of closed YOIs are normally allocated to cells and have to spend some part of the day locked up in the cells. Any time spent out of the cells will be supervised by prison officers. In open prisons, prisoners normally sleep in dormitories and have much greater freedom of movement. Short sentence Young Offender Institutions cater for young people who are in prison for very short periods of times - sometimes a few days.

Those prisons that do not cater solely for young offenders are also divided into closed and open prisons but within the closed category there is a further distinction between local prisons and training prisons. Local prisons are, as the name implies, normally local to the court that has convicted the prisoner. Prisoners may spend their whole sentence in a local prison or may start their sentence there but be transferred to another type of prison. Local prisons will normally contain both sentenced and remand prisoners (see below). A closed training prison is normally a prison where longer sentences are served and is often high security.

Some prisons are 'mixed', serving more than one function.

Prisoners can be divided into three main types; convicted and sentenced, convicted but unsentenced, unconvicted and unsentenced. The latter two groups are termed remand prisoners though in many cases prisons only use the term remand to apply to those prisoners who are unconvicted and unsentenced; prisoners who have been convicted but not yet sentenced are often referred to as JR's (Justice Respited). Remand prisoners (both types) may be held in a remand centre or they may be held with sentenced prisoners in a closed prison. In the latter case they will often be held on a separate wing, but may be mixed in with the sentenced prisoners.

Some prisons also contain fine defaulters and civil prisoners.
2.2 The Prison Medical Service

The Prison Service is in the process of reorganising its Health Care Service. The responsibility for health care is currently being devolved to governors, but they rely heavily on the six Regional Health Care Advisers for guidance. Prisons are being grouped into clusters, with four levels of care being offered:

- a 9-5 clinic, operating from Monday to Friday
- an ‘unlock to lock-up’ facility.

Neither of the above have in-patient beds.

- A hospital facility, with in-patient beds, and
- a specialist hospital, which can carry out specialist examinations and treatment.

These usually serve a number of prisons.

Not all prisons offer all of the above facilities, and the level of health care therefore varies between establishments. Facilities in individual prisons may be concentrated in one place, or they may be dispersed, with consulting rooms on each wing and a central hospital wing.

Every prison has a Head of Health Care. In larger prisons, this is usually a full-time senior doctor; in smaller ones, a local GP working part-time at the prison. Each prison also has a Health Care Manager, usually a senior nurse, who might be at a Governing grade or at Health Officer grade. S/he is responsible for the nursing staff, and also for giving general support to the Head of Health Care. In smaller prisons, the doctor might not be present all the time, but the Health Care Manager should be. The Health Care Manager is the best point of contact for the ONS co-ordinators.

Many nursing duties in prisons are carried out by prison officers, not all of whom have received nursing training. In March 1993, 41% of prison nurses were medically trained. ‘Hospital Officers’ are prison officers who have completed a six-month training course. They wear prison uniform, and sometimes have an ‘H’ on their epaulettes.

Strictly speaking, only doctors are Medical Officers (or MOs), but inmates sometimes use the term to refer to any of the Health Care Staff. Hospital Officers are sometimes called ‘HOs’.

In addition to the facilities available in prisons, prisoners are allowed to attend NHS hospitals as outpatients or as inpatients. NHS doctors and other specialists, such as psychiatrists, dentists, chiropodists, opticians and physiotherapists visit prisons to give inmates advice and treatment. Remand prisoners are allowed to ask for private doctors to visit them in prison, and to pay for treatment. Sentenced prisoners are not, and any doctor or specialist visiting them from outside is therefore likely to be an NHS doctor or specialist.
2.3 Contacting the prison

As with all research in prisons the first contact with prisons had to be made by the Prison Service. Following a letter from them, SSD wrote to each of the prisons asking for the name of a contact and for the name of the Head of Health Care, outlining the information which you will require to draw the sample. We have also said that you will need rooms to carry out the interviewing. A copy of the letter is included in Appendix 2 to these instructions. (The names of the contacts will be given to you at the briefing). Also included are copies of the letters sent via the governor to be displayed for the prison officers and for the inmates. We have also informed the six Regional Health Care Advisers of the survey.

You are likely to come into contact with three separate types of staff in the prisons: administrative staff, prison officer staff and medical staff. The administrative staff will normally be your first contact and they will make the records available for you to sample. The prison officer staff will arrange for you to see the prisoners. (In some cases you may find that the prison officers will be your only contact both for the sampling and for arranging to see your prisoners).

Previous prison surveys we have carried out have shown clearly that the success of the fieldwork depends on winning the co-operation of the prison officers. We have heard that researchers from other organisations who have recently carried out work in prisons managed to alienate some of the prison officers, who were then less than enthusiastic about helping them with their work. Good relations with the medical staff are also important, as their co-operation will be necessary for consulting treatment records.

One interviewer has been nominated as the co-ordinator for the SSD team for each prison and he or she will make the initial contact with the prison to introduce him or herself and make arrangements to visit to draw the sample. At this initial contact, the co-ordinator will need to check on the availability of rooms for interviewing and discuss the proposed timetable for interviewing. Interviewing should start as soon as the sample has been drawn (i.e. either the same day or the next). This is to ensure that the minimum number of interviews are lost through non-contacts when prisoners are released or transferred to another prison.
3. Sampling

3.1 Arrangements for sampling

At the main stage of this survey, we have been asked to achieve interviews with 1200 male sentenced prisoners, 1200 male remand prisoners and 800 women prisoners. This will mean drawing a sample of something like 1 in 30 male sentenced prisoners, 1 in 8 male remand prisoners and 1 in 3 of all women prisoners (whether remand or sentenced). The same sampling fractions will be used in all the prisons. The precise sampling fraction to be used will be decided as close to the beginning of field work as possible. As you are probably aware, the prison population is constantly changing, and we want to base our calculations for the sample on the most up to date figures available.

The number of prisoners sampled will therefore vary considerably between prisons, with the largest numbers sampled in prisons with a high remand population and those which cater for women.

Sampling should take half a day if the expected sample is 20 or fewer. For larger expected samples, you should allow a day to do the sampling, although it may take less than this. (In the very large prisons, the co-ordinator may want one of the interviewing team to help with the sampling). Security at prisons varies according to the type of prison but in all cases you will, of course, need to show your identification card and an ONS letter of authorisation at the gate. It is important that you tell your contact the times that you intend to visit. Initially you need tell them only about your first visit but after you have sampled and made interviewing arrangements, you should tell them when you next intend to visit and keep them informed if you have to change your plans. We have asked for parking spaces to be made available for you at the prisons if at all possible and you should check this with your contact when you ring. (However, in some of the inner city prisons, it may be easier for you to use public transport to get to the prison). Also check which entrance you should use as there is often a separate entrance for prison visitors and for official visitors.

3.2 Drawing the sample

For each prison, you will be provided with a sheet listing the sampling fraction for each type of prisoner (male remand, male sentenced and women) held at the prison and the random start to be used for each. We will also record on the sheet the number of prisoners in each category that we expect you to find at the prison, based on the most up to date figures we have from the prison service. These obviously may not be
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totally accurate, but should be a guide for you that listings given to you by the prison include all inmates. If you find a discrepancy of 20 or more between the figures we have given you and those obtained on the day of sampling, you should contact the Field Office to discuss the situation.

All inmates in the prison on the day of sampling are eligible, including civil prisoners, fine defaulters and juveniles who are 16 and over, but excluding any inmates 65 and over (there are likely to be very few of these). Some prisons have hostels attached, which house prisoners due to be released soon. The prisoners go out to work each day and may visit their home at weekends. Any prisoners living in such hostels should be included in the list from which the sample is drawn. There are also a handful of prisons which have so called “satellite” prisons. Records of the total population of both “parent” and “satellite” prison should be held at the parent prison, although the satellite prison may be some miles away. We will notify you of the satellite prisons at the briefing.

3.3. LIDS

All prisons are now on a computer system called LIDS (Local Inmate Directory System). This is a database of all inmates in the prison and is usually updated on a daily basis. The database allows prison staff to record a large number of items of information about each prisoner. Individual prisons vary, however, in the amount of detail they record on LIDS, although most of the basic information should be entered in a consistent way across all prisons.

Depending on the type of prison you are working in, you will need to ask the administrative staff for the appropriate lists of inmates. You should first ask for the alpha list of inmates. This is an alphabetical listing of all inmates and should give you an accurate picture of the total prison population on the day of sampling.

a) If you are working in a prison that caters for male sentenced prisoners only or female sentenced prisoners only, this list should be all you need to draw the sample.

b) If you are working in a prison that caters for both remand and sentenced males or both remand and sentenced females, you will also need to ask for separate lists of remand and sentenced inmates. The remand list should include any prisoners who are convicted but not yet sentenced (otherwise known as justice respited). You should then check that remand and sentenced numbers are similar to those expected, (on the sampling information sheet), and that the total number of remand and sentenced inmates equals the total number of inmates on the alpha listing. If you find discrepancies, this may be an indication that the lists you have been given are incomplete. If the number of remand inmates is lower than you expected, this could be
because those prisoners attending court that day have already been taken off the system. You should check with your contact whether this is indeed the case and if it is, you will need to ask for a listing of those remand prisoners who come in to the prison that evening. You should be able to pick up this additional list the following morning, and add these additional remand prisoners to your original list of remand prisoners. If there are other reasons for discrepancies, you should ring the Field Office to discuss these.

c) If you are working in a prison that caters for both male and female prisoners, you will need to ask for separate listings of male and female inmates, further broken down into remand and sentenced if both are catered for. (Although we are using the same sampling fraction for women regardless of whether they are remand or sentenced, we are using a replacement procedure for remand prisoners [see 3.5] so you will find it helpful to list remand and sentenced women separately.

Again if you find discrepancies between the total on the alpha list and the separate listings, or discrepancies between expected and actual figures, you will need to try to resolve these.

You also need to make sure that the listing you use for sampling includes each inmate’s prison number, his/her date of birth and indicates prisoner type (as in codes 1-4 on the sampling sheet) and check that all the prisoners you want have been included. (In previous prison surveys, we have sometimes found that particular locations in the prison, or particular categories of prisoner were not included in what was supposedly a complete listing). In a few prisons, you may find that date of birth cannot be provided on this initial listing, and you will need to look up the individual record of each sampled prisoner to obtain this.

Once you have the complete lists, you need to count down to the random start number recorded on the sample sheet for this type of prisoner, take this person as your first respondent, and then, counting from there, use the sampling fraction to select every nth prisoner on the list.

Each sampled prisoner will then need to be entered on the sampling sheet with a few details from his/her prison record.
3.4 **The sampling sheet** (see appendix 3)

Self-carbonated sampling sheets, with four copies, have been provided. This allows for a copy for two interviewers, one for HQ and one for your contact in the prison. The contact should be given the fourth copy, as the column for the ONS serial number has been blocked out to preserve confidentiality. In prisons with teams of more than two interviewers, you will need to photocopy extra copies of the sampling sheets for all the team members. You should complete the sampling sheets as you sample. If you are sampling in a prison which caters for both remand and sentenced prisoners, you may find it better to list the selected sentenced inmates first. Remand inmates should then follow on without a gap in serial numbering. If you then need to get an additional listing of remand prisoners entering the prison that evening (see 3.3) the additional remand prisoners sampled can be added to the end of the list. (As a check that you have not made an error in assigning ONS serial numbers, the last number on the first sheet should be 15, the last number on the second sheet 30 and so on).

For each sampled prisoner you should record on the sampling sheet the ONS serial number (i.e. consecutive numbers from 1 onwards), the prisoner’s full name in block capitals, the prisoner’s prison number, date of birth, ring the code for prisoner type and enter the location within the prison (if available - you may have to find this out later). The right hand columns are for you to enter an outcome; e.g., interviewed, non-contact etc. and the authority number of the interviewer who dealt with this serial number. You will notice that three lines on each sampling sheet are asterisked. This indicates those who will be eligible for the follow-up interview by a clinician.

Once you have completed the initial sampling, you should send one copy of all the sampling sheets used to HQ (D1/15). If you can fax them from the prison on the day you do the sampling, this would be ideal. Otherwise, you should post them on that same day.

For each prisoner sampled, we would also like to collect additional information from the LIDS system, which will later be entered in the prisoner’s questionnaire. We have provided you with a separate paper questionnaire on which to record this information. This additional information is unlikely to be on the initial listing of all prisoners from LIDS, but should be available on the first page of the selected prisoner’s individual record. Once you have completed the sampling sheets, you will therefore need to ask for a printout of this first page for each selected prisoner (or your contact may suggest you copy the details direct from the screen). The additional items are:--

i) Earliest release date (for sentenced prisoners only)
ii) length of sentence (for sentenced prisoners only)
iii) the main offence (charged with or convicted of)
iv) any other offences charged with or convicted of **on this occasion.**
You may find that only the main offence is listed on LIDS. If so, you will need access to the sampled prisoners Warrant Cards, which will list any other offences. You should ask your contact in the Admin Office where the cards are kept and the best time to consult them.

This additional information (i.e. the LIDS information which is not required for the sampling sheets) need not necessarily be obtained at the initial sampling visit, although it may be easier to do all the LIDS retrieval at the same time, particularly if you are dealing with a relatively small sample.

3.5 Replacing prisoners

If sentenced prisoners cannot be interviewed because they leave the prison after the sampling stage, we do not want to replace them with another prisoner (the proportion lost in this way should be very small). We do, however, want to replace any remand prisoners who leave the prison after they have been sampled. In earlier prison surveys, we have done this by asking to see the prisoner who was moved into the leaver’s bed. This was not always very successful, and we hope for this survey to use a procedure which was first used successfully on the Census of Mothers in Prison. Remand prisoners who have left should be noted on the sampling sheet. Towards the end of the field period, the co-ordinator will need to go back to the LIDS office and ask for a list of all remand prisoners who have been admitted to the prison since the date of sampling. If the number of new admissions is equal to or fewer than the number of remand prisoners who have left during fieldwork, you will then simply replace the leavers with the new admissions. Any leavers who cannot be replaced (because there are not enough new admissions), should be coded as ‘left, no replacement’ in the admin block. The new remand prisoners you interview should be given the serial number of the leaver they are replacing, and should be listed on a Replacement Remand Prisoners Sheet. If the number of new admissions is higher than the total of remand prisoners you have lost, you will need to ring in to the Field Office so that we can tell you which ones to interview.
4. Interviewing procedures

4.1 Arranging the interviews

Start interviewing as soon as possible after sampling to avoid 'losing' prisoners through transfers to other prisons. Once the sampling has been done each sampled prisoner should be sent a letter informing them that they have been selected. You will be provided with pads of these letters plus envelopes. Write the sampled prisoner's name and prison number on the front of the envelopes. Give the letters to your contact for distribution and try to ensure that they go out at least an hour before you start interviewing.

As soon as you have completed the sampling sheets you should give the fourth copy to your contact so that he or she knows who you are going to want to see. You must ask your contact if any of the selected prisoners are due to leave shortly. If any are, you should try to see them first. (In those prisons where you are sampling remand prisoners, they should usually take priority over the sentenced sample. However, one interviewer in the team should check whether any of the sampled sentenced prisoners are due to be released or transferred, and interview these straightaway.) You should discuss with your contact, and with the rest of your team, how to organise the interviewing. We need to leave this to you to decide because the arrangements in the prisons vary so much - in some prisons you may be offered interviewing facilities on the Health Unit, in others you will be interviewing on the wings. You will find that the hours available for fieldwork are limited in some prisons, amounting to as little as two hours in the morning and two hours in the afternoon. You should stress to your contact that you are able to work evenings (if you are). You may find that the prison officers start off allowing you only very restricted hours but become more flexible as you get to know them.

Interviews should take place in a room without any one present other than the interviewer and the informant. You will be very much in the prison's hands as to what rooms you will be given. However, if at all possible, interviewing rooms should have plugs so that you do not have to do the interviews on battery.

4.2 Interviewing the respondents

You should discuss with your contact the best way to organise the interviewing, bearing in mind that prisoners do have other activities such as work, sport, visits, court appearances. It is likely that prisoners will be excused work to see you, but some activities, particularly visits, will take priority over the interview.
In some prisons and with some prisoners you may find that there is a language problem. This interview consists of almost exclusively opinion questions, so cannot be carried out through an interpreter. However, we would if possible like to collect the medical information about respondents who cannot be interviewed because of language difficulties. You should therefore ask whether there is another prisoner (or an interpreter employed by the prison) through whom you could ask for permission to look up the medical records. (You will find a outcome code in the admin block for cases where no interview was possible, but medical record information could be obtained). If the prisoner refuses to give consent, or if there is no one you can use as an interpreter to ask this, you will need to use code 31 as the outcome code.

You may initially be told that the selected prisoner’s English is good enough for an interview to be possible, but find when you start the interview that they cannot cope with the level of language needed for this questionnaire. In that case, you should discontinue the interview, but again ask whether the informant consents to you looking up the medical records.

4.3 Introducing the survey

Please check the identity of your informant by asking him for his name and prison number. Please take care that you have keyed in the correct serial number. Piloters reported that inmates responded well to an introduction which set the survey in the context of the previous “Health and Well Being” surveys i.e. we have already done a similar survey with the general population, in a variety of institutions, hostels etc. and among the homeless. This survey is designed to complete the picture by including the prison population. Piloters also often mentioned the need to look at the provision of health care in prisons and any improvements that may be needed. It is obviously important to stress confidentiality (e.g. nothing said to you in the interview will be passed to any prison staff). Inmates appreciated the fact that interviewers were not employed by the prison service, and that they were interested in them as people, not as numbers.

4.4 Planning the workload

All interviewers should already have details of estimated numbers of interviews at each prison, which other interviewers and co-ordinators are working in their “own” prisons and other prisons in the area. Some interviewers will find they are working with more than one co-ordinator in different prisons, so there will need to be a lot of liaison to ensure that prisons can be timetabled when all members of the team are available.
Co-ordinator’s role

i) If you are working with one or more other interviewers in a prison, you will need to discuss their availability with them at the briefing (or by phone if you can’t meet all the team at the briefing) and the proposed timetable for each prison.

ii) Contact the prison to arrange your sampling visit and discuss interviewing arrangements.

iii) Carry out sampling, prepare advance letters, fill in all LIDS questionnaires for the sample (in larger prisons, you may need help from the rest of the team with this).

iv) During fieldwork, update your own copy of the sampling sheet, i.e., which serial numbers dealt with, outcome, which interviewer dealt with each case. Complete the monitoring sheet which records progress each day and despatch on a weekly basis.

v) Co-ordinate looking up medical records (the co-ordinator may do all of this or ask interviewers to look up records for their own cases, depending on which system is likely to work best in the particular prison).

vi) If you are working in a prison catering for remand prisoners you should deal with the replacement sample (see section 3.5 of these instructions) towards the end of the field period.

vii) At the end of fieldwork in each prison, check that every serial number has been dealt with.

Team members

i) You must ensure that your co-ordinator knows which days you are able to work and up-date him/her of any last minute changes.

ii) At the end of each work day, update the co-ordinator with the serial numbers you have dealt with that day and the outcome for each.

iii) You will need to obtain the completed LIDS questionnaire for your cases and key in the information.

iv) You will need to obtain the medical record questionnaires for those who have consented to their records being consulted and key in this information.

v) When all the additional information has been entered, transmit the case.
5. **Safety**

You are unlikely to have much choice, but if you do, a room with a glass panel in the door will give you a greater feeling of security. Many of the interviewing rooms you will be offered will have panic buttons in them, so you need to check the location of these (and that they are in working order!) There are some obvious precautions which can take, such as making sure that you are between the informant and the door, and that you have your personal alarm with you. We have asked for a prison officer to be assigned to you throughout the time that you are in the prison and you should check security arrangements with him or her. It may be that the prison advises you not to see a prisoner and you should follow this advice (though try not to let the prison officers be overprotective.) Do not put yourself in a position where you feel worried about your own safety and if you have any concerns ring the office so that we can discuss it.

6. **Practical points**

In most prisons, interviewing time will be governed by the routine of the prison. It is therefore essential that you are available to start interviewing at 9.00 am (or whatever time the prison tells you interviewing can begin) so that none of the interviewing day is wasted. You need to bear in mind that it can take a while to get into the prison in the morning, if, for example, there are shortages of prison officers to take you on to the wings. In each prison you will need to establish the times of immovable feasts; e.g. when the interviewing has to stop for lunch or tea, and in open prisons times of tally calls (when all prisoners have to gather to be ticked off on a register). Interviews will need to be timed so that they fit into these constraints; in practice, this is likely to mean one interview in the morning before lunch, and another in the afternoon (you should be able to do more than this in the open prisons and open young offender institutes).

If you are in a prison which operates a long lunch hour you may be able to use much of this time productively e.g. looking up medical records, entering information from LIDS and medical records into the appropriate Blaise questionnaires, doing any outstanding disease or medication coding. You may be able to use the prison officers’ canteen in some prisons, although you may prefer to bring your own lunch. It may also be sensible to bring in your own flasks of coffee; not many prisons on the National Prison Survey thought to offer our interviewers any refreshment! In open prisons, lunch times are likely to be a lot shorter, and you will have more flexibility in arranging interviews.
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Do make sure, if you are staying on the premises, that prison officers know where you are. This is a general point to bear in mind; it is worth checking when prison officers change their shifts and making sure that the prison officer assigned to you has passed on the information on your whereabouts to the prison officer who has taken his place. At the end of the day you also need to double check that arrangements for your next day's interviewing are known to the right prison officers. Although notices informing all prison officers of the survey were sent to all prisons, you cannot depend on all staff reading or remembering them, and need to be prepared to re-explain the survey to each new prison officer you meet.

Apart from the scheduled breaks in the interviewing day, you may find that occasionally everything has to come to a stop for unscheduled reasons. One instance of this is when the prison decides to hold a cell search. This is liable to happen without warning and all prisoners have to return to their cells immediately (including your informant if you are in the middle of an interview). The other circumstance which can be even more unnerving is if the alarm bell sounds. The prison officers first concern then will be for your safety and you may find yourself being unceremoniously bundled into the nearest cell and locked in!

The final practical point to mention is that of toilets. If you are a woman working in a men's closed prison, you may find that the women's toilet is pretty inaccessible and you will probably need to be escorted through a series of locked doors by your prison officer. Perhaps this is why cups of coffee are not generally on offer!

7. Casebook system for Prison Survey

As described above, once the sample for the prison has been drawn by the co-ordinator, all the interviewers in the team will be given copies of the sampling sheets. Interviewers obviously need the flexibility to interview whichever of the sampled prisoners is available. To achieve this flexibility, the pending tray for this survey will look rather different than usual. We will scatter you the questionnaire and the prisons you are working in. For each prison you will therefore have a line which says e.g.

Create a new case for Alcatraz (150)

To carry out an interview, you highlight the prison you are in, press Enter, and you will then be taken to a field with prison number already entered, a blank for the serial number, followed by your authority number (pre-entered). You simply key in the serial number of the prisoner you are about to interview. This will generate that serial number and enable you to enter the Blaise questionnaire. You then interview as normal.

At the end of the interview, you must exit via the first part of the admin block. This is essential so that we know whether the informant has agreed to recall and so that you update the HStatus. This will enable us to monitor progress on the survey (you may
not be able to transmit cases straightaway if you are waiting for medical information - updating the HStatus will tell us the situation back at HQ before you transmit).

When you go back to the pending tray, you will find that the case you have been working on will now appear on a separate line (above your prisons). You can then re-enter it as you need to e.g. to enter LIDS or medical records information, or to complete the admin block.

We hope this system will be much less error prone than giving all interviewers all the possible serial numbers for a prison (anything up to 200 cases) and depending on you to highlight the right one! It will also mean that you will have a much less cluttered pending tray than normal. However, you still obviously need to be very careful that you are keying in the serial number you want (once you have created a case you cannot “uncreate” it). The interviewing teams will also need to liaise on a daily basis, updating the outcome column on the sampling sheets, so that it is clear which prisoners have still to be dealt with (those not started will not, of course, be in the pending tray on this system as a reminder to you!)

If you do generate the wrong serial number by mistake and realise before you start any interviewing, simply leave the case in the pending tray (with a note that it was opened in error). It can be dealt with at the end of the survey. If you start interviewing on the wrong serial number, e.g. enter John Brown as 44 instead of 4, you should carry on, but you must put a note in the admin block, telling us that this should be serial number 4, and you must ensure that the interviewer who interviews serial number 44 uses serial number 4 for the case and also puts a note in the admin block. You should also notify HQ straightaway about any errors.

8. Admin block and dealing with non-response

HStatus  The options here are non-standard.
Code 5 - Interview interrupted will hopefully not be needed very often. It should be used if you have to break off an interview e.g. for the lunch break. If you go on to finish the interview, you should change the Hstatus to 6 or 7.
Codes 6 and 7 will enable us to tell at HQ whether interviews can be issued for the clinician follow up even if you are delayed in transmitting them back.

Hout  Final outcome codes separate out those cases where medical records could be obtained from those without. This includes the refusal/unable codes (31 and 32) as you may be able to obtain permission to look up records even if the prisoner refuses or is unable to be interviewed.
8.1 Refusals

You will find a subsidiary question asking whether this was a refusal to the interviewer or to the prison officer. Previous experience with surveys in prison has shown that prisoners will often refuse to a prison officer but have a very different attitude if the interviewer can see them and explain the survey to them. So if at all possible, do ask to see any prisoners who you are told are refusals as you may well be able to ‘convert’ them.

8.2 Non-contacts

As noted earlier, we would like you to try to find out if any of your sample are about to leave the prison and interview them as soon as possible. If any sentenced prisoner moves from or leaves the prison before you manage to interview him/her, this should be coded as left prison, no replacement (44) in the admin block. Remand prisoners who leave the prison should be replaced, using the procedure described at 3.5 above.

You may be unable to see some sampled prisoners because they are busy or otherwise unavailable throughout the period that you are in the prison, although they have not left the prison. These should be noted as a non-contact on the sampling sheet and assigned an outcome code of 41 (Non-contact for interview) in the Admin Block.

The need for code 42 should be rare.

8.3 Ineligibles

The only ineligibles would be any juveniles who are under 16 or prisoners 65 or over. These should be coded 51.

8.4 Advised not to see

Any sampled inmate whom you have been advised not to see should be assigned an outcome code of 43 in the Admin Block.
9. Field instructions

Field Dates

Wave 1 - 15th September to 24th October

Wave 2 - 27th October to 5th December

Returning Documents
Co-ordinators: Sampling sheets need to be faxed or sent on the day of sampling to the Field Office D1/15. Monitoring forms with progress at each prison should be returned at the end of each week. At the end of fieldwork in each prison, please return your master sampling sheets, with all outcomes recorded, plus remand replacement sheets (if used in your prison).

Interviewers should return the Consent and Locator forms for all their interviews to the field office at the end of fieldwork in the prison.

Claims  Survey no. 1417 stage 99. You can, of course, claim for any telephone calls to arrange sampling visits and interviewing days, and for telephone call between team members to discuss arrangements

Study time  6 hours, to include studying the interviewers instructions, and for carrying out some practice interviews.

Admin time  Most of you should be able to use ‘dead’ time in the prison to carry out most of the transcribing of LIDS and medical record information on to the questionnaires, any coding that you need to check outside the interview, and to complete the admin block for each case. However, there may be prisons in which the ‘dead’ time is limited (eg open prisons, where you should be able to interview most of the time, or prisons which insist on you leaving the premises at lunch time). If you have to do transcription or other clerical tasks at home, outside the hours you spend in prison, you can claim 20 mins per case admin time.

Contacts  Field - Anne Klepacz  5429
          Theresa Parker  5430
          Nigel Hudson  5431

          Research - Nicola Singleton  5305
          Howard Meltzer  5391

SSD FAX NO. 0171- 533-5300
10. Questionnaire instructions

10.1 Serial numbers and data from LIDS on sampling sheet

10.1.1 Serial numbers
These three serial numbers must be entered when you first enter the questionnaire:

Prison - number of prison - JUST PRESS ENTER as the number should already be there.

ONSNum - Prisoner’s ONS serial number - this can be taken from the sampling sheet.

Intnum - Interviewer number

10.1.2 Data from LIDS on sampling sheet

Information to answer this first set of questions can be taken from the sampling sheet that you completed when you selected your sample. **This information must be entered for ALL SELECTED INMATES including those who are turn out to be non-responders.**

The information required includes:

- Date of birth (the prisoner’s age is then computed)
- Sex
- Type of prisoner
- Location of prisoner i.e. whether they are away from their normal location within the prison for some reason. (a list of possible locations is provided)

IntStart - type in ‘1’ if you want to go on and continue with the interview.
If you enter 2 or 3 the questionnaire is bypassed and you will be taken to the screen that allows you to choose to enter further data from LIDS or medical records or to complete the admin block.

The first question (TimInj1) of the interview asks the respondent how long they have been in prison for the current offence.
**All of the above details from the sampling sheet and TimInj1 must be completed before continuing with the interview because routing throughout the questionnaire is dependent on the details recorded here.**
10.2 General health, long-standing illness & use of services

10.2.1 General health questions

The aim of these questions is to establish whether the respondent has any physical health problems and should help them to start talking about themselves.

The section covers

1. long-standing illness, disability or infirmity
2. oral medication and injections

10.2.2 Long-standing illness, disability or infirmity

You should record any such long-standing illness. If the respondent has more than six illnesses take the six that the respondent considers to be the most important.

You should try to obtain a medical diagnosis or establish the main symptoms, it is from this information that you will be coding the illness, after the interview, so it is important that you collect as much information as possible.

Sometimes, people are suffering side-effects which arise from them taking medication for a different complaint. For example, a respondent might be suffering from nausea because of treatment for schizophrenia. In such instances, record the symptoms, and also the fact that they are side effects of treatment for schizophrenia, i.e. 'nausea - side effects of schizophrenia treatment' - then code the actual complaint so in this case ‘nausea’. If there is not enough space at Lmatter code the conditions there and open up a note to record additional details.

10.2.3 Oral medication and injections

Record the name of all medication or injections the respondent is receiving at DrugDesc and InjName one at a time.

The look-up table for coding mainly covers drugs that affect the nervous system, therefore many medicines for other conditions will not be found. If you do not find a code for them, code as ‘none of these’. This also applies to Inhalers and suppositories which should be coded in the oral medication section.

Do not include creams, ointments or lotions.
If you cannot obtain a name for the medication, ask the respondent to describe what it looks like and what it is for, i.e., describe shape and colour, whether there is anything written on the tablet and what medical condition or symptoms it is taken for.

Again, it will be the information you collect at DrugDesc and InjName that you will use to code the drugs and injections so try and obtain as much information as possible.

**Using the computer assisted coding frames**

Press the Space Bar to enter the computer assisted coding frame. All the coding frames are set up for trigram coding first of all - in trigram coding the computer looks for all entries which include similar combinations of letters. When you enter the coding frame you will be provided with a selection of codes based on your entry at Lmatter, DrugDesc, InjName, Ematter etc. Choose the correct alternative to match you entry by scrolling through the list of codes. Once you have found the appropriate entry, press ‘ENTER’ and the code will be entered at Coding 1-3 or Coding 5, and you will be returned to the questionnaire. If you cannot find the correct entry amongst those offered you can press Alt-A to go to the alphabetical listing. If the drug or illness still cannot be found, delete the entry in the ‘input’ field at the bottom of the lookup window and type ‘None’. Then select the entry ‘None of these’ that comes up.

**10.2.4 Mental, nervous or emotional problems**

The next set of questions are aimed at finding out about any mental, nervous and emotional problems the respondent may have. Questions are also included which ask about any help received for their problems and any treatment that has been refused.

- **Ematter** record a medical diagnosis or describe main symptoms for all of these problems. You will be using the information here to code the problem after the interview.

- **EMatNum** record the number of different problems the respondent was told about by the health professional.

- **EMat** separate out each diagnoses mentioned and code them individually. This can be done after the interview.

- **PrsHlp** the respondent may have difficulty specifying the name of the professional or distinguishing between those on the showcard. In such instances, you should ask exactly what the professional does. If you are unable to code the professional from this description, code ‘other’.
10.2.5 Refusal to accept treatment
(CTrnDown, CWkTD, CWhyTD, NeedHlp, NeedTyp, NeedTxt)

This is a subject of major interest to those trying to provide services for people with mental health problems. The questions are designed to find out whether the respondent has been offered any help/service which they have refused or if they have asked for help for a mental, nervous or emotional problems which has been refused.

10.2.6 Reason for not seeking help
(CNotSee, XCYntSee, CYntSee)

There are various reasons why people with mental health problems do not consult a professional. Common reasons include not thinking there is a problem, or that the problem will get better on its own, being afraid of the consequences and the stigma of discussing these problems.

There are 12 pre-codes at CYntSee. Code the answer given to one of these 12 pre-codes, if another reason is given record this at XCYntSee.
10.3 Neurosis - Revised Clinical Interview Schedule

10.3.1 Purpose of the CIS-R

This part of the questionnaire consists of the Revised Clinical Interview Schedule (CIS-R). The main purpose of the CIS-R is to identify the presence of neurosis, and where this occurs, to establish the nature and severity of neurotic symptoms, so that we can arrive at a specific diagnosis. The main body of the CIS-R contains 14 sections labelled A to N. Each section deals with a particular type of neurotic symptom. There is a 15th section, O which establishes the overall effect of these neurotic symptoms.

All questions in sections A to N are opinion questions.

You will require some knowledge of neurotic symptoms in order to be able to carry out the CIS-R. Definitions and descriptions of these symptoms are given in the pink appendix to these instructions. If respondents do not know what is meant by a particular symptom, you should not reword or paraphrase. However, knowing what we are looking for means that you can stress certain parts of the question to get the meaning across. It is important to spend some time familiarising yourself with these and learning the differences between them.
10.3.2 **Content of the CIS-R**

A  Somatic symptoms  
B  Fatigue  
C  Concentration and forgetfulness  
D  Sleep problems  
E  Irritability  
F  Worry about physical health  
G  Depression  
H  Depressive Ideas  
I  Worry  
J  Anxiety  
K  Phobias  
L  Panic  
M  Compulsions  
N  Obsessions  
O  Overall effects  

10.3.3 **Key concepts in sections A to N**

**Existence and severity of neurotic symptoms**

In each section, the first few questions establish the presence of a particular neurotic symptom in the past month.

For those respondents who had such symptoms in the past month, you will be routed to further questions which ascertain the frequency, duration, severity and the time since onset of the symptoms.

Note that all of the sections A to N have this structure except for section H 'Depressive ideas' which is really a continuation of section G 'Depression'.
Reference periods

Each section begins by asking whether the symptoms were present in the past month (except section H).

The past month refers to every day in the past month up to and including yesterday.

If respondents reply that they 'felt the same as usual' or that the symptoms were present 'no more than usual' instead of saying the symptoms were present in the past month, you should treat this as if the symptoms were present. These replies could indicate chronic symptoms which must not be ignored.

Those who had symptoms in the past month (or who may have chronic symptoms as just described) are asked the subsequent questions below the line which relate to the past week.

The past week refers to the past seven days, up to and including yesterday. This is usually computed by the automatically from the system date on your computer. However, should the date on your computer be wrong the interview date will also be wrong and so you will get errors. Should this occur - please phone the Help Desk.

Frequency of symptoms

In each section where the symptoms were present in the past month, respondents are asked how many days the symptoms were present in the past week.

If the respondent replies that the symptom was present 'all the time', for example 'the worry is always there at the back of my mind' then you should prompt for an answer.

Similarly you should prompt for an answer if the respondent does not know how often the symptom was present. If the respondent is unsure e.g. whether the symptom was there on 3 or 4 days, you should ring the less frequent code, that is 3.

Duration of symptoms

In all sections except section H, the respondent is asked about the duration of symptoms. This refers to how long the symptoms lasted on any day in the past week.

You may need to make it clear that this refers to the total number of hours the respondent had the symptom. In other words, if the respondent had three headaches in the day, they should estimate the total time headaches were experienced in that day.
However at sections L 'Panic' and N 'Obsessions', we are not interested in the total amount of time the symptoms lasted in a day, but in how long the 'panic attack' or the episode of having an obsessive thought lasted. This does not depend on how many times the person had an obsessive thought or panicked.

If the respondent does not know the duration of symptoms, you should prompt for an answer. If the respondent is unsure e.g. whether the headache lasted for 3 hours or more, you should assume that it did not.

**Onset of symptoms**

At the end of each section, all respondents who reported symptoms in the past week are asked how long they have had the symptoms that they have described (except for at section H, 'Depressive Ideas').

For instance question A8 asks:

'How long have you been feeling this ache or pain/discomfort as you have just described ?'

The wording '...as you have just described...' is important here because we are interested in knowing how long the person's problems have been as severe as they have been in the past week.

For example, if a respondent had been suffering mild headaches caused by stress for a few months, but for the past 3 weeks the headaches had grown more severe, then the answers to questions A4 to A7 would reflect these severe headaches. Therefore at question A8 in asking how long the person has had the aches he/she has described we are referring to the 3 weeks he/she has had the more severe headaches.

Similarly, if a respondent had been very depressed in the past month, but when asked about the past week, s/he reported much less severe depression, the question at G10 refers to how long s/he felt as depressed as s/he did in the past week. It may seem strange that we are overlooking perhaps many years of much worse depression. However, it is meaningless to ask about the onset of symptoms if we do not actually have information about those symptoms. Hence, since we only know about the symptoms of the past week, it makes sense to restrict our questioning to those symptoms.
Experience in the two private household surveys has shown that these questions are difficult to answer. This problem may be exacerbated for people in prison because estimating time is especially difficult for them.

10.3.4 A guide to questions: sections A to N

Section A Somatic symptoms

If the respondent has several aches or pains, you should ask about the overall effect of any of these. If the respondent has aches and also some discomfort you should refer to both of these in the subsequent questions.

When asking any questions relating to these symptoms it is important to remember that we are interested only in aches, pains or discomfort which are brought on, or made worse by feeling low, anxious or stressed. If the respondent says that an ache is 'possibly' brought on or made worse by feeling this way, but that he/she does not know, you should treat this as a 'yes'.

Section B Fatigue

At question B3 we want to know why the person is tired or lacking in energy. This is also a useful check that people who are tired from doing physical exercise and sports are not included in this section.

The duration of the feeling of tiredness does not include periods when the respondent was asleep. If the respondent says that they felt tired and fell asleep 10 minutes later, this only counts as 10 minutes of feeling tired.

Section C Concentration and forgetfulness

If the respondent has both poor concentration and memory problems, questions C4 and C8 should refer to both of these symptoms.
Section D  Sleep problems

For respondents who had problems trying to get to sleep or getting back to sleep after waking up, we are interested in how long they spent trying to get to sleep (see question D5) rather than in the total amount of sleep lost. Note that respondents are instructed to allow a quarter of an hour to get back to sleep if they actually woke up.

For example: A mother reports that she went to bed at midnight and tried to get to sleep for an hour. Later in the night she had to get up to look after a child and she was up for half an hour. When she got back to bed she thinks she probably didn't fall asleep until another hour had passed.

In this example, we do not count the time she was awake looking after the child. The time taken trying to get to sleep is therefore 1 hour at midnight and another three-quarters of an hour trying to sleep after having been woken up. (Remember that the respondent should allow a quarter of an hour to get back to sleep after being woken up).

For respondents who did not properly wake up but were drifting in and out of sleep, the respondent’s own opinion of the time spent trying to get to sleep is required and you do not need to allow a quarter of an hour to return to sleep.

Section E  Irritability

At question E6, respondents who felt like shouting are coded 1 regardless of whether they actually shouted or not.

Section F  Worry about physical health

This section applies to all respondents including those who are physically ill. Note that question F2 does not apply to people who reported having some problems with their physical health at the general health question. The question (F2) is there to route such people passed these questions. This is important as we want to avoid possibly upsetting respondents or causing them to worry.

Other than this, this section asks about the degree of worry about physical health irrespective of any health problems. In other words, we are interested in the amount a person worries whether or not they have much reason to be worried or not.

Worry about physical health also includes worry about a pregnancy. This should be clear from the questionnaire.
Section G  Depression

At G1 and G2 you may find that respondents have their own words for feeling sad, miserable or depressed. You should use them in all subsequent questions.

Respondents are asked about
   a) feeling sad, miserable or depressed
   b) being unable to enjoy or take an interest in things.

Later, at G4 and G5, when asking about the presence of symptoms in the past week, we ask about (a) and (b) separately rather than as one combined question. This is because people who felt unable to enjoy or take an interest in things in the past week get a score of 1.

If respondents have both of the symptoms described at (a) and (b) above, you should refer to both of them at questions G6 to G10.

Section H  Depressive Ideas

This section is a continuation of the previous one (Depression) and it only applies to those who said they felt depressed in the past week.

Questions H1 to H6 ask about feelings of guilt, inadequacy and hopelessness, the times of day when they are most affected and the effect on their activities. In previous surveys respondents who answered 'yes' to any of the questions about guilt, inadequacy or hopelessness, were asked question H8 about whether they felt that life was not worth living. In this survey these questions are not being asked here. Instead all respondents will be asked a section on Deliberate Self Harm immediately after the CIS-R.

It is important to take your time over this section, to thank respondents for answering the questions and to help them to orientate themselves back into the rest of the interview by explaining what the next few questions are about. This is all outlined in the questionnaire.
Section I  Worry

This section is concerned with any worry the respondent may have except worries about physical health. Worries about physical health should have been recorded at section F.

Experience at the pilot showed that respondents had difficulty distinguishing between worry and depression and tended to give the same causes for both. Question I3 has been combined with a similar one about depression. The computer will prompt you as to whether you should be asking about depression, anxiety or both.

At question I3 you may find that a respondent mentions physical health as one of the things or the only thing he/she is worried about. In these instances, a check will come up so that you can go back to section F if the worry about physical health is not recorded. If it is not recorded, you should ask the questions in section F again, starting with F1.

If respondents are worried about a number of things including physical health you should make it clear that, at this moment, we are only interested in worries about things other than physical health. Respondents should try to answer with this in mind.
Section J  Anxiety

This questions below the line in this section are concerned with general anxiety only, that is some anxiety which cannot be explained by a phobia.

The first stage is to find out whether the respondent felt anxious in the past month, questions J1 to J3. For those respondents who have been feeling anxious, the second stage is to try to establish if this is always because of having a phobia, questions J3 and J5.

If the anxiety is always caused by a phobia, you will go on to the next section, K, which is specifically dealing with phobic anxiety.

If it is not clear at question J3 whether the respondent’s fear of something really constitutes a phobia, you should emphasise that there has to be no real danger so that the respondent can decide.

Some people will have both phobic anxiety and general anxiety. The distinction should be explained if necessary to enable the respondent to answer firstly about his/her general anxiety and then, at section K about his/her phobic anxiety.

Section K  Phobias

The questions below the line in this section apply to:

(i) respondents who said that they felt anxiety resulting from a phobia, at section J and

(ii) those who said at question K2 that they avoided things in the past week because of having a phobia.

Respondents are counted as avoiding the situation or thing which they have a phobia about if they deliberately didn't do something they wanted to do or used to do because of it. For instance, if someone had a phobia about eating in front of strangers, they might avoid doing so every lunchtime. On the other hand, someone who is scared of heights who deliberately moved into a bungalow two weeks ago cannot be counted as having avoided heights in the last week on this basis alone. Clearly, in prison people have little control over their lives so avoiding the situation may not be possible. However, there still may be occasions where they have restricted their activities because of phobias.
Survey of the health and well-being of prisoners

Interviewer instructions

At K3a, respondents who had phobic anxiety are asked to specify the situation or thing which makes him/her anxious. Those respondents who have been avoiding things are asked to specify what they have been avoided the most.

You should refer to the answer at K3a at question K4.

You should select only one of the precodes at K3a and b. The respondent must choose the most anxiety provoking situation or thing.

Because respondents think that their phobia is so great that it can't be lumped into such huge categories, they will tend not to use the precodes when they ought to. Instead, they will specify their phobia as an 'other answer'. Please code this back to one of codes 1 to 5. Code 5 is a code that will fit a great many phobias.

You should use code 6 'other' only if you have difficulty deciding between precodes. For instance, if you can't decide between coding 1 or 3. In such cases, specify the respondents answer so that it can be coded back in the office. Otherwise, you should use code 5 'any other specific cause'.

Section L  Panic

This section applies to all respondents who felt anxious, either generally or as a result of having a phobia.

At question L4 we are interested in the duration of the longest 'panic attack' not in the total time spent panicking on any one day.

Section M  Compulsions

The respondent has to decide whether acts which they repeat are unnecessary or whether they have good reason to repeat them.

The reason for asking what acts the person repeats unnecessarily is so that you can refer to these acts in subsequent questions.

At M6 the respondent is asked to specify the most commonly repeated compulsion if there is more than one compulsive act mentioned at M3. This is so that you can ask how often this was repeated in the past week.

Be careful at M7. The question asks for the number of times something was repeated unnecessarily. You should be clear whether the respondent answers with the number of times the act was repeated or with the total number of times the act was performed.
An act which has been repeated 3 times has been performed a total of 4 times. The pre-codes should help you with this.

**Section N Obsessions**

An obsession is a repetitive unpleasant or distressing thought. It is unlike worry in that it is the same thought over and over again rather than worrying about something. Question N2 checks for this.

At N2, if it appears the respondent is worrying and does not have an obsessive thought you should (as instructed) go back and check that some worry was mentioned at section I, 'Worry'. If it is not recorded, you should go through section I again with the respondent, starting at I1.

At N3 those respondents who report obsessive thoughts are asked what these are. The purpose of this is to help them to concentrate on these thoughts and when they had them. However, this may be upsetting for someone and so you are instructed not to probe and not to press the respondent for an answer.

At N7, we are interested in how long an episode of having such thoughts lasted, not in the total time spent in a day having these thoughts.

**Section O Overall effects**

Routing to this section depends on the respondents answers at the preceding sections (A to N). Only those respondents who were found to have a significant neurotic symptom (in sections A to N) will be routed to this section.

The question itself refers to the overall effects of any of the things which the respondent told you about in sections A to N.

**10.4 Deliberate self-harm**

As mentioned earlier in these instructions all respondents will be asked this set of questions on deliberate self-harm.

The questions are in a very similar format to those in section H (depressive ideas) of the CIS-R questionnaire except the reference periods are different. There are also additional questions which are asked of those people who have attempted suicide, which go into more detail about the actual suicide attempt.
DSHEexit - the types of schemes on offer to help prisoners who are suicidal may vary between prisons so feel free to change the wording of this question to suit the services available.

As with the previous questions on this subject it is important to take your time over this section, to thank respondents for answering the questions and to help them to orientate themselves back into the rest of the interview by explaining what the next few questions are about. This is all outlined in the questionnaire.

10.5 Psychosis - Psychosis Screening Questionnaire (PSQ)

Purpose of the PSQ

The purpose of the PSQ is to identify the possible presence of psychosis by means of psychotic symptoms. The pink appendix to these interviewers instructions includes a section on psychosis.

Unlike the CIS-R which is concerned with neurotic symptoms, this section does not attempt to establish the nature or the severity of any psychotic symptoms which are identified. It simply tries to establish the existence of such symptoms. Hence it is called a screening questionnaire.

Applicability

Section P applies to all respondents.

Content of the schedule

The schedule consists of 5 main questions, P1 to P5 and their subsidiary questions (a) and (b), and an interviewer check, P6.

Each of the main questions finds out whether a particular behaviour, thought or feeling has been experienced in the past year. If it has, you are routed on to a subsidiary question which establishes whether the behaviour, thought or feeling is severe enough to be regarded as a symptom of psychosis. Unlike previous psychiatric morbidity surveys, all sections of the sift will be asked.

Since the questionnaire does not contain detailed questions, its structure is relatively straightforward and it should be very quick to complete.
On occasions respondents may have difficulty interpreting the questions. In such cases you should simply repeat the question.

**Reference period**
This schedule refers to the presence of symptoms over the past year (that is the past 12 months up to and including yesterday).

**10.6 Personality disorder (SCID II)**

The term, personality, refers to the enduring characteristics of an individual that are shown as ways of behaving in a variety of circumstances. When a person’s personality traits have developed to such an inadequate or excessive degree as to cause damage or suffering to the person or to other people, the person is said to have a personality disorder.

The SCID-P screening questionnaire has been included to examine personality disorder.

Except in exceptional circumstances all respondents must self-complete this section. If you suspect that the respondent has difficulty reading you should offer to read the questions from the printed script for them (BN1417/4 - buff coloured schedule) but even if you read out the questions the respondent should still have the lap-top in front of them to type in their response to each question knowing that you cannot see their responses.

As there are over 100 questions this section can take a long time to complete. If someone seems to be rather slow offer to take over reading the questions for them, but again, the respondent must still type in their response to each question.

**PDSce** Record at this question whether you read out the questions or whether the respondent managed the self-completion, or if absolutely necessary, you administered this section as an interview.

**PDIatr** Go through this pre-amble with the respondent and explain which buttons they should press for **yes, no, don’t know/does not apply (9)** and to press ‘**ENTER**’ to move on to the next question.

If a respondent refuses to continue with this section before answering all the questions type in code ‘9’ (don’t know) for all the remaining unanswered questions.
10.7 **Key experiences prior to imprisonment**

There are four further main questions in this section (*Trauma1, Trauma2 Trauma3 and Victim*), each question consists of a group of problems or events that the respondent may have experienced.

If the respondent has experienced any of the events in each group mentioned at *Trauma1, Trauma2 and Trauma3* the respondent is then asked how long ago they occurred. Where more than one event on a card has occurred, code the most recent.

- **EverSee**
  This first question asks whether a stressful life event has been experienced by the respondent which has caused them nightmares or recurring dreams that they cannot forget.

- **StillAff**
  If they answer ‘yes’ at *EverSee* they are then asked whether it still affects their behaviour, feelings or concentration. If it is, then the subsequent questions ask about whether and how the event is still affecting them (Aff1-Aff7).

- **Victim1**
  This question asks whether the respondent has been the subject of different forms of victimisation since they have been in prison for their current offence.
10.8 Socio-demographic characteristics

10.8.1 Family and living circumstances

Purpose of the section

This section is designed to collect background information on respondents. Many of the questions are the same, or very similar to questions from the National Prison Survey, although we are asking about some topics - such as dependent children - in far less detail.

SameNow

Ask whether they still consider themselves to be as they stated at MStatBef. Although some respondents may find this question sensitive, we need to ask it in order to calculate current marital status.

Children

We are interested in knowing how many children prisoners have as a measure of the unmet responsibilities and potential sources of worry.

Previous surveys amongst prisoners have suggested that some male respondents may exaggerate about their offspring, so you may have to do some probing. Include any children born since entering prison, if the respondent is reasonably sure that he is the father.

AccType

Code the first that applies.

Interviewers have found that some respondents said that they had their own accommodation, but also had a regular girlfriend - with a child - at whose place they often stayed. You may need to probe at this question. As a general rule, code the place where the respondent most often stayed. For example, if he spent four nights a week at his girlfriend's home and three nights a week at his own place, code the girlfriend's accommodation.

**Code 4:** in a hostel or temporary accommodation: include 'getting a bed wherever I can'.

Deport

If the respondent answers code 6 (‘or just arrived in the country’) at the previous question (AccType) they will then be asked whether they will be deported at the end of their sentence.
10.8.2 Employment

Whatbef The purpose of this question is to enable us to derive socio-economic
group for classificatory purposes.
Code the first that applies.

Code 8: Living off crime. As the information from this question will be used
to derive socio-economic group, use this code as a last resort. It
has been included because The National Prison Survey found that
some prisoners were unable to fit themselves into the other codes. For
some respondents, this category came as a relief!

The remainder of the questions in this section are the harmonised
employment status and industry and occupation questions.

10.8.3 History and education

LACare This is whether the respondent was ever taken away from
home into local authority care. It is possible to have a care order
and stay at home and these cases should not be counted.

SchLeft Sixth form colleges should be treated as schools.

If respondents tell you that they left school before
reaching the minimum school-leaving age - currently 16
- because their birthday was in the holiday period
between school years or terms, record them as having
left at the minimum age.

AnyQuals Include qualifications gained before and since
entering prison.

HiQuals The codes used are the same as those used in previous psychiatric
morbidity and other surveys.

The qualifications shown on SHOWCARD 20 are grouped into 8
types. You should hand the respondent the card and ask them to tell
you the first one they come to that they have passed. You should then
check that this is in fact their highest qualification as we only want the
highest coded. Note that the qualifications are arranged in groups; we
do not need the individual qualification coded, only the group in which
it falls.
You may need to probe your respondent’s answer in order to establish which code to choose.

**NOTE:** Due to the lack of space on the screen not all the qualifications are listed under codes 2, 3, 4 and 5. A full list of the qualifications in each group are listed on the next page and can be seen during the interview by pressing <f9>.

If the respondent says they have another qualification (*code 7*) which is not listed on the card they will then be asked to specify what this qualification is at **OthQuals**.
The groups at HiQual are:

1. Degree (or degree level qualification)

2. Teaching qualification
   HNC/HND, BRC/TEC Higher, BTEC Higher, City and Guilds
   Full Technological Certificate, Nursing Qualifications
   (SRN, SCM, RGN, RM, RHV, Midwife)

3. A levels, SCE Higher,
   ONC/OND/BTEC/TEC/BTEC not higher
   City and Guilds Advanced/Final Level

4. O level passes (Grade A-C if after 1975)
   CSE (Grades A-C)
   CSE Grade 1
   SCE Ordinary (Bands A-C)
   Standard Grade (Level 1-3)
   SLC Lower
   SUPE Lower or Ordinary
   School Certificate or Matric
   City and Guilds Craft/Ordinary Level

5. CSE Grades 2-5
   GCE O level (Grades D & E if after 1975)
   GCSE (Grades D,E,F,G)
   SCE Ordinary (Bands D & E)
   Standard Grade (Level 4,5)
   Clerical or Commercial qualifications
   Apprenticeships
   NVQ’s

6. CSE Ungraded

7. Other qualifications (specify)

8. No qualifications
10.8.4 Ethnic origin and country of birth

Origin
Ask this question using SHOWCARD 21.

This is the harmonised version of the ethnicity question. We need to know what ethnic group the respondent thinks s/he belongs to, never attempt any judgement of your own.

10.9 Daily living and social functioning:

10.9.1 Prison environment

WhereSlp Dormitories are normally found only in open prisons.

LockHrs, CellHrs The difference here is how many hours they had to spend in their cells (i.e. how many hours they were locked up) and how many they actually spent in their cells. At LockHrs only include time actually spent locked in their cells - do not include time which is spent just locked in their landing.

EdClass Do not include induction courses or pre-release courses. Also exclude education that does not involve classes e.g. studying alone in the cell.

WorkNow In some prisons, education is called work so you should use the preamble ‘apart from education.....’ unless you come to realise that this is inappropriate. Exclude voluntary work.

WkHours Try to establish how long the prisoner actually worked rather than how long they were meant to work.

10.9.2 Contact with friends and relatives

DLVIntr You should be aware that the questions about visiting, letters and telephone calls can be sensitive as, not surprisingly, visits from friends and family can be the most important event in a prisoner’s life inside. Some prisoners convicted of especially serious crimes have chosen to have no contact with their families. If this is mentioned spontaneously a code 3 has been provided at DLL1 which will then take you past all the other
Interviewer instructions

questions about visits.

**DLV2**

This can be multi-coded. Please note that official visitors (solicitors, probation officers etc. are excluded).

**10.9.3 Social Networks** (DLSSIntr1 - DLSS7)

These questions are about people whom the respondent feels close to both inside and outside the prison. They are all opinion questions.

Friends or acquaintances may be professionals such as a voluntary worker or a counsellor, if the respondent thinks of them in this way.
10.10 **The Quick test**

The quick test is an IQ test which was developed by RB & CH Ammons in 1962. The test has been used in previous surveys amongst prisoners. It is not a word association test.

**Summary**

The test consists of four pictures and a set of words. You read out the words and the respondent is expected to point to the picture that they feel best fits the word. The test is complete either when the respondent gets six consecutive questions wrong or they reach the end of the test without doing so. There are some examples at the beginning of the test which are not scored so the respondent can familiarise themselves with what they have to do.

**Preamble and examples**

Use the pre-amble (QTIntr) at the beginning of the test to explain to the prisoner what they are expected to do and then proceed by going through the examples with the respondent. There are two sets of examples, the second set can be used if you feel that the respondent does not understand what they have to do after the initial set of example words. To access these, code “NO” (2) at MoreEx (*Is the respondent ready to start the test?*).

**Picture numbers**

Record the respondent’s response by entering the number of the picture that the respondents point to. The pictures are numbered on the card as illustrated below:

```
  1  2
  3  4
```

**Start of the test**

The test starts properly after the variable **Start**.

**Scoring**

**LQTest** This variable indicates the number of consecutive questions that the respondent has answered incorrectly - it is calculated automatically by BLAISE. Once the respondent answers question correctly the total is re-set to zero (0).
If the respondent answers six consecutive questions incorrectly they will be routed to two ‘easy’ words (EasyWds). The respondent may not necessarily realise that they have got the last six questions wrong but if you feel that they have become demoralised you may use these ‘easy’ words before proceeding to the next section.

If you suspect that the respondent is guessing remind them that it is acceptable to say they don’t know and mention that some words are difficult. You can also ask them to explain the meaning of the word to see if they really do know of it.
10.11.1 Smoking

Purpose of the section

The aim of this section is to estimate smoking prevalence and the number of cigarettes smoked. We are asking only about cigarettes as pipe smoking is most common among men aged 45 and over, who are under-represented among the prison population.

Do not comment on the hazards of smoking or on your own feelings about smoking. However, if you need to explain the purpose of the section, you can say that over time there has been a lot of discussion about the effect of smoking on health.

We are only interested in ordinary tobacco which is smoked. You should, therefore, ignore any reference to snuff, tobacco or tobacco products that are chewed or sucked or herbal tobaccos.

CigEver By 'ever smoked a cigarette', we mean even just once in their life.

CigNow 'Nowadays' means 'in prison'.

QtyDay Note that daily figures are required. If any respondent can only give an overall weekly number of cigarettes, enter DK and record these amounts as a last resort, using the notepad facility. If more than 97 cigarettes are smoked per day, enter 97.

Cigsame This is only asked of those who have been in prison for less then two years.

CigAge This question is asked of all current and ex cigarette smokers. Someone who says in reply to CIGNOW that they currently smoke cigarettes may not consider that they ever smoked cigarettes regularly. If they say this at CigAge, code 0.
10.11.2 Drinking

Purpose of the section

The aim of these questions is to assess the frequency and level of drinking. Do not ask about illicit drinking in prison.

DrAmnt You are asked to record the number of standard drinks (units) that the respondent drank in a typical day (during the 12 months before coming into prison) at this question.

1 UNIT = HALF-PINT BEER
   = SINGLE MEASURE OF SPIRITS
   = GLASS OF WINE


10.11.3 Drug use

There is a lot of concern about drug-taking in prisons. In the past there has been a high rate of drug use and people may be introduced to drugs in prison. Also there are concerns that drug users may not be identified and therefore do not get the treatment they need when first admitted. The questions in this section therefore look at overall use of drugs but then focus in much more detail at the period just before and just after entering in prison as well as use while ‘inside’.

The detailed questions on drug use are only used for a sub-group of the most commonly used drugs because of time constraints.

Despite the apparently sensitive nature of this section, questions on drug use have been asked in previous surveys amongst prisoners with no problems.

The emphasis is on the non-medicinal use of drugs. We have not specified in the question that the drug should not be prescribed, because we are interested in knowing, for example, whether a respondent has been prescribed methadone. It was also evident from previous surveys that some respondents were obtaining drugs such as temazepam on prescription from their doctor, but using it for recreational purposes.

Similar questions are asked about different time periods. It is important when asking the questions to stress the time period we are interested in.

AnyDrug Code 1: Other names for cannabis: grass, puff, weed, gear, pot, hashish, Bob (for Bob Hope-dope!), dope.

A new drug is currently going into prisons - Ketamin, also known as Special K or KitKat. Medically it is used as an anaesthetic. Inmates inject it. Please record this as an ‘other’ drug.

AgeStrt You may need to probe on this question. We are interested in the first use of the drug for non-medicinal purposes.

TreatOut, TreatB4, TreatIn The aim of these questions is to find the proportion of prisoners who have sought treatment for drug-related problems whilst in prison, in the the 12 months before coming into prison and whether they have ever sought treatment.
Include treatment both for addiction itself; e.g., methadone prescriptions given to registered addicts, detoxification and withdrawal programmes, and for health-related problems, such as ulcers from injecting.

Respondents who have only taken cannabis might resent this question, as they may not see it as a 'drug'.
11. **Obtaining information from prison records**

11.1 **Medical and treatment records**

Each respondent will be asked to give their written consent for you to consult their medical and treatment records. A copy of this consent form is included in the appendix to these instructions (Appendix 5).

The purpose of consulting medical and treatment records is to extract the following details:

- medication or treatment the respondent was receiving at the time of their ‘First reception health screen’
- drug use in the past
- whether the respondent was using drugs at time of their ‘First reception health screen’, if so, the type of drug used.
- drinking habits
- whether they smoke tobacco
- history of psychiatric illness
- suicide attempts
- prescribed psychiatric medication/medicine they have ever taken

- **Current medication/treatment**

All the details except the current medication/treatment will be found on the ‘First reception health screen’, the version used may vary between prisons. All inmates should receive one of these screens when they first arrive at the prison. Information about current medication will be taken from current treatment records. These are held in different places in different establishments. You may find that the pharmacy at the prison has computerised records from which you could also obtain this information.

The first point of contact to locate these various records should be the ‘Head of Health-Care’ at the prison they should be able to point in the right direction as to who to contact etc. We will provide you with their name and contact telephone number.
**Recording the details**

Use the white schedule *Information from medical and treatment records* (Appendix 9 - BN1417/1) to record these details. Once you have obtained all the information it must then be transferred into the BLAISE questionnaire.

A copy of a ‘first reception health screen’ form is included at the back of these instructions (Appendix 6). You will notice that there are some hand-written question numbers at various points throughout the form, these have been added show you the place (on the first reception health screen form) where you need to take information to complete each of the questions on the white schedule.

**11.2 Additional information from LIDS**

All respondents will also be asked to give written consent to allow you to consult LIDS and other prison records relating to them.

In addition to the information gathered from LIDS when completing the sampling sheet we also require the following additional details:

- Length of sentence (years, months and days)
- Earliest conditional date of release.
- Main offence (code offences using computer assisted coding frame)
- Number of other types of offences prisoner has been charged/sentenced for and what these offences were (code offences using computer assisted coding frame)

These details should be recorded on the grey schedule (BN1417/5).

If it is more convenient for the prison for you collect these details at the same time as completing the sampling sheet then do so. However, if during the interview the respondent refuses to give consent for you to consult their records then these details will have to be destroyed or deleted from the questionnaire.

**Coding offences** - there are no separate codes for attempted offences, except attempted murder, so when coding other attempted offences you should code the offence ignoring the fact that it is ‘attempted’. So for example, if the offence was ‘attempted burglary’ it should be coded as ‘burglary etc.’
Appendix

Appendix 1  Glossary of terms used in prison
Appendix 2  Copies of advanced letters/notices
Appendix 3  Sampling sheet
Appendix 4  Purpose leaflet
Appendix 5  Consent form
Appendix 6  Copy of ‘First reception health screen’ form
Appendix 7  Locator form
Appendix 8  Survey procedures
Appendix 9  Information from medical treatment records form
Appendix 10 Additional information from LIDS form
Appendix 11 Replacement remand sampling sheet
Appendix 12 Team leaders monitoring form

Pink appendix - Definitions and descriptions
Appendix 1  Glossary of terms used in prison

ABH  Actual bodily harm

Accumulated visits  Prisoners may save their visits up and receive them over a short period of time. Prisoners may be serving their sentence in an establishment some distance from their family home. The individual may save up his/her visits and then move for a short while to a prison near relatives/friends and receive a number of visits in a short period of time.

ACR  Automatic conditional release

Association  recreation time, opportunity to mix with other inmates, watch television etc.

Banged up  locked in cell

‘Behind the door’  cellular confinement - normally punishment as a result of adjudications.

The block  The punishment block. This is a segregated unit away from the inmates' normal location.

Burglars  Officers who carry out a 'spin' (a cell search) are sometimes referred to as burglars. These officers may be from another wing.

'Blow'  cannabis

Canteen  Money that inmates earn in prison. (normally about a couple of pounds sometimes they have to buy their toiletries with this).

Cons  convicts

DCR  Discretionary conditional release

A detox  (Detoxification) A short withdrawal
programme aimed to get an addict off drugs and/or alcohol

**Discipline Office**

This is where the records on the inmates are normally held. It is often staffed by civilian staff.

**Done his/her bird**

finished his/her sentence

**Doing time**

Serving a prison sentence

**EDR**

Earliest Date of Release

**GBH**

Grievous bodily harm

**Grass/snitch**

Inmates who have told on their fellow inmates. Supergrasses are individuals who told the authorities about other people's criminal activities prior to coming into prison.

**HO**

Hospital officer. A prison officer who has completed a six-month medical training course.

**HSG**

Handling stolen goods

**Holding Warrant(HW)**

Offence is not known and this warrant is a means of holding an inmate.

**IPV**

Inter-prison visits

**Justice Respited(JR)**

When a prisoner has been convicted of a crime but not yet sentenced, this remand prisoner is sometimes referred to as justice respited.

**Knock back**

When an inmate has had a refusal of any kind (especially parole) it is known as a knockback

**Lifer**

An inmate who has received a life sentence

**LDR**

Latest Date of Release
MO Medical Officer. Strictly speaking, only doctors are MOs, but inmates seem to use the term to refer to any of the health care staff.

A muppet Prison slang for women with recognised psychiatric problems

Parcels In cells without toilet facilities, inmates do not always like using a bucket (in front of their cell mates). Consequently they sometimes defecate in their underpants and these 'parcels' are sometimes thrown out the window.

PED Parole eligibility date

Reception visit Visit within first 7 days inside

RTA Offences connected with the Road Traffic Act

Rule 43 Inmates who are in a segregated unit, often for their own safety. Many sex offenders are under rule 43.

Screws/uniforms prison officers

SED Severe expiry date

Sent down Sent to prison

Slopping out Inmates in cells that do not have proper sanitary arrangements have to use a bucket during lock up time. The emptying of bucket is referred to as slopping out.

A spin A cell search

TADA Taking (a car) and driving away

Tea-ing up Giving tea, access to toilet during evening periods

TWOC Taking (a car) without consent
<table>
<thead>
<tr>
<th>USI</th>
<th>Unlawful sexual intercourse</th>
</tr>
</thead>
<tbody>
<tr>
<td>V.O.s</td>
<td>Visiting orders are sent by prisoner to person who he/she wishes to visit him/her</td>
</tr>
<tr>
<td>A walk out</td>
<td>The act of setting a person free from court. A person on remand may be given a 'walk out because he/she has done more time on remand than could be required by the sentence.</td>
</tr>
<tr>
<td>YP</td>
<td>Young Person</td>
</tr>
<tr>
<td>28/93</td>
<td>28 day lie down</td>
</tr>
</tbody>
</table>
You have probably heard that we are coming here to talk to some prisoners about their background and health and well-being.

This is part of a survey we have been asked to do by the Department of Health and the Prison Service in all prisons in England and Wales. It is one of a series of surveys looking at the health and well-being of all groups of people within the country. The survey will help the Department of Health and the Prison Service to plan better services.

The interviewer has drawn your name at random from the list of inmates here, and with your permission would like to include you in the survey. As in all our surveys, we rely on voluntary co-operation but we hope that you will be willing to talk to us as everyone's answers are important if we are to build up a complete picture.

Anything that you say to the interviewer will be in strict confidence. It will not be passed on to anyone either in the prison or in the Prison Service and you will not be identified in any way outside of the survey.

The interviewer will ask to see you some time in the next few days for about 1½ hours. If you have any questions about the survey, the interviewer will be happy to answer them.

I hope you will be able to help us in this survey and thank you in advance for your co-operation.

Yours sincerely

ONS interviewer

1 Drummond Gate, London, SW1V 2QQ
The Governor
HMP ACKLINGTON
ACKLINGTON
MORPETH
NORTHUMBERLAND
NE65 9XF

Dear Governor

SURVEY OF THE MENTAL HEALTH OF PRISONERS IN ENGLAND AND WALES

Prison Service Instruction No. 67/1997 explained the policy reasons for the survey of the mental health of prisoners in England and Wales which ONS has been commissioned to undertake. This letter is to give you information about the practical aspects of the survey and to ask for your co-operation in nominating a member of your staff whom our interviewer can contact to make the necessary arrangements.

A pilot survey in six prison establishments was successfully completed in June. All prison establishments will be involved in the main stage of the survey which will take place between September and December 1997. A random sample of inmates will be selected for interview at each establishment. We will also collect details of information on medication and treatment related to mental health problems from medical and treatment records and information from prison records, if the sampled prisoner gives written consent. A sub-sample of prisoners will also be selected for a follow-up clinical interview. More details of the practical aspects of the survey are given in the enclosed document.

In order not to take up too much of each establishment's time, a team of interviewers will usually be used. The names of all the interviewers who will be working on the survey will be passed to Prison Service headquarters for security clearance before they visit any establishments.

It is proposed to include your establishment in the first wave of the survey which will take place from mid-September to the end of October. The lead interviewer, who will co-ordinate the work of the whole team, will contact your establishment nearer the time to make arrangements to visit to carry out the sampling and interviewing of prisoners. As arrangements in each establishment will vary, we have left final details to be agreed between our interviewer and the nominated contact at your establishment. Our interviewer will also
need to liaise with the Head of Healthcare at your establishment and it would be helpful if you could provide his or her name. As our interviewers normally travel by car, we should be grateful if car parking spaces could be made available on the days they visit.

Copies of two notices are enclosed which give information about the survey. One is for Prison Officers and Health care staff and one for inmates. We will send additional copies of these to your nominated contact for display as appropriate. You will see that we describe the survey as a 'Survey of Health and Well-Being'. This is the term we used in our previous surveys and has been adopted because of concerns that the stigma attached to mental health problems might result in widespread refusal to participate if mental health was mentioned directly in the description.

I hope this letter has made the details of the survey clear, but if you have any queries about the arrangements which you wish to discuss, please contact me on 0171-533-5305 or my colleague Howard Meltzer on 0171-533-5391. If you have any queries about the background and reasons for the research you should contact Andrea Humphrey at the NHS Executive (telephone 0171 972 4506).

I would be grateful if you would return the reply slip to this office giving the name of the person our field officer or lead interviewer should ask for when he or she contacts the establishment to discuss arrangements, if possible by 22nd August. Thank you in advance for your co-operation.

Yours faithfully

Nicola Singleton
Survey Project Manager
REPLY SLIP:

Name of Establishment: HMP ACKLINGTON

Name and telephone number of person to be contacted:

Name and telephone number of Head of Health Care:

Any other relevant information:

Please return to Anne Klepacz, D1/15, Office for National Statistics, 1 Drummond Gate, London SW1V 2QQ in the pre-paid envelope or Fax to 0171 533 5300.
Dear XXX

SURVEY OF HEALTH & WELL-BEING OF PRISONERS IN ENGLAND & WALES

As you are probably aware, the Governor of your establishment has nominated you to be the contact for arrangements for this survey which will be taking place throughout all Prison Service establishments in England and Wales. This letter and the enclosure provide more information about the survey procedures. However, it is recognised that the detailed arrangements will need to vary from place to place and someone will contact you nearer the time to discuss the best way to carry out the survey in your establishment.

A pilot survey in six prison establishments was successfully completed in June. It is proposed to include your establishment in the first wave of the main stage of the survey which will take place from mid-September to the end of October. The exact dates will not be available until nearer the time, since the fluctuating population sizes in each prison means we cannot be sure at the moment how long we will need to spend in each prison. We will notify you of more precise dates as soon as we can.

Copies of two notices are enclosed which give information about the survey. One is for the information of your prison and health care officers and one for the inmates. Please could you display these in appropriate places. More copies are available if you need them.

I hope this letter has made the details of the survey clear, but if you have any queries about the arrangements which you wish to discuss, please contact me on 0171-533-5305 or our Field Office on 0171-533-5429/5430.

Yours sincerely

Nicola Singleton
Project Manager
NOTICE TO ALL PRISON AND HEALTH CARE OFFICERS

SURVEY OF THE HEALTH & WELL-BEING OF PRISONERS IN ENGLAND AND WALES

Why are we doing the survey?
The Department of Health is carrying out a programme of surveys looking at how the stresses and strains of life affect the health and well-being of the people throughout the country and the sorts of services that are available to help them. As part of this programme, the Office for National Statistics (ONS) has already carried out surveys of adults living in households, residents in institutions for people with mental health problems and homeless people. This survey in prisons and another one of children will help to complete the national picture of the health and well-being of people throughout the country.

When will the survey take place?
A pilot survey in 6 prisons has recently been completed. The main stage of the survey will involve all Prison Service establishments and will take place between September and December 1997.

What will the survey involve?
A team of interviewers, with a designated team leader, will visit your establishment to carry out interviews with a sample of inmates chosen at random. Each selected inmate will be interviewed for about 1½ hours. A few prisoners will also be asked to take part in a further, more detailed, follow-up interview carried out by a specialist. Provided that the inmate gives written consent, the interviewer may also consult his or her medical or treatment record for details of past health problems and prescribed medication. The lead interviewer will consult with prison staff on how best to ensure that the survey interferes as little as possible with your daily routine.

Thank you in advance for your co-operation with this important survey for the Department of Health and the Prison Service.
NOTICE TO ALL INMATES

SURVEY OF THE HEALTH & WELL-BEING OF PRISONERS

The Office for National Statistics (ONS) has been asked by the Department of Health and the Prison Service to carry out a survey of the health and well-being of prisoners.

What is the survey about?

This survey is part of a very important programme of research on the health and well-being of the nation. National surveys of adults living in households and in residential homes and of homeless people have already been done. This survey of prisoners and another of children will help complete the picture of the health and well-being of all groups of people in the country.

The main purposes of the survey are to find out:
- how people are coping with the strains and stresses of everyday life
- what things make people nervous, anxious or depressed
- what people do for help or support when they need it.

The information from the survey will help the Department of Health and the Prison Service to work out how many people with different kinds of problems there are likely to be in different places. This will help them make better plans for services to help or support these people. It will show them the areas where services need to get better and also those places where services are good.

What will happen in the survey?

All Prison Service establishments in England and Wales will be visited by ONS interviewers over the next 4 months. Inmates will be selected entirely at random and asked to agree to take part in the survey. ONS interviewers will then ask those who are selected some questions about their health and well-being, use of health services, and their experiences before and during this prison term. The interview will last about 1½ hours. Some prisoners will also be asked to take part in a more detailed follow-up interview at another time.

As in all of our surveys, we rely on voluntary co-operation. We hope, however, that those of you who are selected will agree to help us, as we are interested in hearing the views of a range of people. Anything that is said to our interviewers will be in strict confidence. It will not be passed on to anyone either in the prison or in the Prison Service and no-one will be identified in any way outside of the survey.

If you are selected to take part in the survey, we hope that you will agree to talk to our interviewers.
HEALTH AND WELL BEING OF PRISONERS SURVEY BN1417
TOP SAMPLING SHEET

PRISON ADDRESS

TEAM LEADER
AUTH NO
SAMPLING DATE

TYPE OF PRISONER

MALE
REMAND
SAMPLE 1 in
*Expected remand population

MALE
SENTENCED
SAMPLE 1 in
*Expected sentenced population

WOMEN
SAMPLE 1 in
*Expected women population

RANDOM START NO.

Actual remand pop.

Actual sentenced pop.

Actual women pop.

*If the figures of expected population and actual population differ significantly, please check with your contact to see the reason for this and inform the field office.

All inmates in the prison on the day of sampling are eligible, including civil prisoners, fine defaulters and juveniles who are 16.

Inmates 65+ are not eligible
Under 16s are not eligible

Informants do not have to be seen in any particular order. There is one exception to this. If you know that an informant is likely to be moved or released from prison in the next few days, try to see him as early as possible to avoid loss from the sample.

CODING FRAME FOR TYPE OF PRISONER

1 = Remand/unconvicted
2 = Remand/convicted
3 = Convicted/Sentenced
4 = Civil Prisoner

(* on sampling form indicates which prisoners are being selected for follow-up)
<table>
<thead>
<tr>
<th>ONS PERSON NO</th>
<th>INMATES PRISON NO</th>
<th>FULL NAME</th>
<th>M/F</th>
<th>DATE OF BIRTH DD MM YY</th>
<th>TYPE OF PRISONER RING CODE</th>
<th>LOCATION</th>
<th>OUTCOME</th>
<th>AUTH NO</th>
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</table>
What is the Office for National Statistics (ONS)?

ONS is the government department which gathers together and publishes a range of statistics about the society in which we live and about the economy. It also is the Office of the Registrar General for England and Wales.

ONS includes the Social Survey Division which carries out many important government surveys throughout Great Britain, providing information on the cost of living, health, housing, and many other matters of public interest.

ONS has a wide range of other responsibilities, including:

- the registration of births, marriages and deaths
- providing population and health statistics
- carrying out the census of the population
- providing statistics on employment and unemployment
- providing statistics on businesses, and the nation’s finances and economy.

If you have any questions about the survey please contact:

Nicola Singleton or Anne Klepacz
Social Survey Division
ONS
1 Drummond Gate
London
SW1V 2QQ

Survey of the Health and Well-Being of Prisoners

Carried out by the Social Survey Division of the Office for National Statistics on behalf of the Department of Health and the Prison Service
This leaflet answers some of the most common questions people ask about the Survey of Health and Well-Being. If you have any further questions, please feel free to contact the Social Survey Division of ONS.

What is the survey about?

This survey is part of a very important programme of research on the health and well-being of the nation. It is being done by the Office for National Statistics on behalf of the Department of Health and the Prison Service. National surveys of adults living in households and in residential homes and of homeless people have already been done. This survey of prisoners and another of children will help complete the picture of the health and well-being of all groups of people in the country.

The main purposes of the survey are to find out:

- how people are coping with the strains and stresses of daily life
- what things make people nervous, anxious or depressed
- what people do for help or support when they need it.

How were you chosen to take part in the survey?

Everyone taking part in the survey was chosen at random from a list of all inmates in the establishment. This ensures that all types of people are properly represented in the survey.

How many people are being interviewed?

Overall, about 3200 interviews will be carried out, spread across all prison service establishments in England and Wales. All types of prisoners aged between 16 and 64 will be included. This will mean that all groups of inmates and all areas will be fairly represented. That is why it is important that everyone we ask agrees to take part otherwise some groups might not be included.

Will the information be kept confidential?

Absolutely. Any information given to us will be treated in complete confidence. The results will not be used in any way in which they can be associated with your name. No identifiable information about you will be passed to the prison authorities or the Department of Health.

As in all our surveys we rely on people’s voluntary co-operation which is essential if our work is to be successful.

Thank you very much for helping us.
CONSENT FORM

Date of interview

ONS no.

I, (name) .............................................................

of (name of Prison) ..............................................

consent to an interviewer from the Office for National Statistics consulting my medical and treatment records for details from the initial health screen, medical history and currently prescribed medication. ONS has undertaken to treat the information as confidential and not publish it or pass it to anyone outside their organisation in a form which would enable the identification of individuals.

Signed .............................................................  Date ...........................................
**FIRST RECEPTION HEALTH SCREEN**

**Prison No** .................................................................
**Surname** .................................................................
**Forename(s)** .............................................................
**D.O.B.** ......................................................................

**Name of GP** .............................................................
**Address** .................................................................

---

**PHYSICAL HEALTH**

Have you seen your GP recently? **YES/NO**

**Complaints**

Have you ever had, or suffered from, any serious illness? **YES/NO**

**Illness**

Are you receiving any form of treatment? **YES/NO**

**Medication**

---

Have you had any serious injuries? **YES/NO**

**What and when**

Have you had any operations? **YES/NO**

**Operation type, where and when**

Are you HIV positive or worried about having contracted the HIV or AIDS virus? **YES/NO**

Are you allergic to anything? **YES/NO**

**What (in red)**

Have you been immunised against the following? **YES/NO**

- **Tetanus:**
- **Polio:**
- **Hepatitis B:**

Have you any worries regarding your general health? **YES/NO**

**What are they?**

Has your family any history of medical problems? **YES/NO**

**What are they?**

Is your eyesight good? **YES/NO**

Is your hearing good? **YES/NO**

---

**Well man/woman observations (within 24 hours)**

- **BP** .................................................................
- **P** .................................................................
- **R** .................................................................
- **T** .................................................................
- **Peak Flow** ........................................................
- **Height** ...........................................................
- **Weight** ...........................................................
- **Urine** .............................................................

**Name of last hospitals attended**

1. .................................................................
   **Address** ........................................................

2. .................................................................
   **Address** ........................................................

---

**MEDICAL IN CONFIDENCE**
DRUG/ALCOHOL HISTORY

Have you ever used drugs? YES/NO [C1]
(type, amount, method)

Are you using drugs at present? YES/NO [C2]
(type, amount, method) [C2a]

Have you ever shared needles? YES/NO

How much alcohol do you drink daily? [C3]

Do you think you drink excessively? YES/NO [C4]

Do you smoke tobacco? YES/NO [C5]

GYNAECOLOGY

Date of Last Menstrual Period (LMP)?

Do you have any gynaecological problems? YES/NO

If yes, brief details

Have you had any gynaecological operations at any time? YES/NO

If yes, when

Have you ever had a smear test? YES/NO

If yes, when

Do you know the results

Do you suffer from:
(a) Bleeding between periods YES/NO
(b) Vaginal discharge YES/NO

Are you on any form of contraception? Pill/IUCD/ or any other?

OBSTETRICS

Have you ever been pregnant? YES/NO

If yes, was the delivery FTND/LSGS/Forceps?

Any miscarriages or terminations?

If yes, when

Brief details

Any reason to believe you are pregnant? YES | NO

Do you wish to have a pregnancy test? YES | NO

MEDICAL IN CONFIDENCE
MENTAL HEALTH

Have you suffered from any psychiatric illness in the past? YES/NO

What illness, where and when?

Have you ever deliberately harmed yourself? YES/NO

How and when?

Have you ever attempted suicide? YES/NO

Method tried

Has any close relative or friend ever attempted suicide? YES/NO

Are you or have you been prescribed any psychiatric medication/medicine for your "nerves"? YES/NO

Details

Is this your first time in prison? YES/NO

Were you expecting to be sent to prison? YES/NO (tick if "No")

Have you received a larger sentence than you were expecting? YES/NO

Does anyone else know you're in prison? YES/NO (tick if "No")

Are you expecting contact with your family and friends? YES/NO (tick if "No")

Do you use drugs or alcohol? YES/NO

Do you feel like hurting yourself at the moment? YES/NO

Are you feeling suicidal? YES/NO

To be considered by screener

Does the prisoner seem excessively withdrawn or depressed? YES/NO

Does the prisoner seem excessively anxious? YES/NO

Is the prisoner charged/convicted of sexual offences/offences against a child? YES/NO

Is the prisoner charged with murder/manslaughter? YES/NO

Is the prisoner charged/convicted of an offence against a relative/partner? YES/NO

Has concern been expressed by the police, probation or any other agency? YES/NO

RAISE A F2052SH IF PRISONER TALKS ABOUT FEELING SUICIDAL OR IF OTHERWISE INDICATED

Name and address of latest psychiatric hospital/psychiatrist/community psychiatric nurse

Any other information we should know?

This form has been completed during a private interview with the prisoner who is fully aware of the nature of responses contained in it.

HCO/Nurse Signature Print Date

MEDICAL IN CONFIDENCE
As you know, the purpose of this study is to find out about the health problems and stress people have in prison and what treatment or support they get for these problems. To add to this information, a researcher may want to contact you again after 6 months to find out if you have received any other treatment, help or support during that time.

If you are willing to consider being interviewed again we need some information to help us contact you. Remember that this information is strictly confidential and will be used only to help a member of the research team to reach you and arrange a time for a follow-up interview.

I, (name) ..........................................................................................................................

of (name of Prison) ......................................................................................................

consent to a researcher from the Office for National Statistics contacting me at sometime in the future to seek my consent for a follow-up interview.

Signed ........................................................................ Date ..............................

1. Do you have a permanent address and telephone number?

Address: ................................................................................................................
..........................................................................................................................
..........................................................................................................................

PostCode: ........................................

Telephone: ..................................................
2. Can you give us the name and address of a relative or friend who usually knows where you will be or who can pass messages to you quickly?

Name: .................................................................
Address: ..........................................................................................................................
..........................................................................................................................
..........................................................................................................................
PostCode: ..........................................
Telephone: ..........................................................
Relationship to you: .................................................................

3. Do you have a GP or another doctor through whom we could contact you?

Name of GP/doctor (ring which): .................................................................
Address: ..........................................................................................................................
..........................................................................................................................
..........................................................................................................................
PostCode: ..........................................
Telephone: ..........................................................

4. Is there a solicitor, a probation officer, a social worker or some other professional person through whom we could contact you?

Name: .................................................................
Job: solicitor, probation officer, social worker, other (ring which)
Address: ..........................................................................................................................
..........................................................................................................................
..........................................................................................................................
PostCode: ..........................................
Telephone: ..........................................................

5. Is there any other way that we can reach you?

through the prison service  Yes [ ]  No [ ]

or some other way (please specify)
..........................................................................................................................
..........................................................................................................................
..........................................................................................................................
SURVEY OF THE HEALTH & WELL-BEING OF PRISONERS

SURVEY PROCEDURES

1. General description

The main stage of the survey will take place between September and December 1997. A random sample of inmates will be selected for interview at each establishment. Interviews will be carried out using laptop computers. We will also collect information on medication and treatment related to mental health problems from medical and treatment records and some information from individual prison records, if the sampled prisoner gives written consent. A sub-sample of prisoners will also be selected for a follow-up clinical interview.

2. Practical issues

Notices
Notices for prison staff and for inmates giving a brief description of the survey will be supplied to the prison contact person. It would be helpful if these were prominently displayed at appropriate places throughout the establishment. More copies are available if needed - please telephone 0171-533-5305 if you would like more. Those prisoners selected for the survey will also receive a letter from the interviewers giving more details of the survey at the time they are selected.

Sampling
In order to select the sample of prisoners, the lead interviewer will need access to a list of all inmates currently in the establishment, divided into three groups where appropriate - male remand, male sentenced and female prisoners. If there is a high turnover of remand prisoners, so that the LIDS listing produced that day does not reflect the total remand population of the prison, an additional overnight listing may be required. The interviewer will draw a sample from these lists and then for each of the selected prisoners, he or she will need the following information if applicable:

Date of birth
Prison Number
Length of Sentence
Offence
Earliest date of release/Conditional release date
Arrangements for interviewing

For the initial interviewing phase a team of interviewers will be working in most prisons to keep down the time spent in each establishment. At the follow-up stage, which will involve fewer inmates, usually only one interviewer will be working in each prison. Accommodation will be needed in which the interviews can be carried out in private and, if possible, these rooms should be equipped with power points for the laptop computers.

The interviews will each last approximately 1½ hours. During the National Prison Survey, Prisoners' Health Survey and the Survey of Imprisoned Women and Mothers which ONS (formerly OPCS) carried out in 1991 and 1994, it was found that the survey worked best and took up the least possible time if a prison officer could be assigned to interviewers to organise the arrangements, so that the prisoners could be seen without long gaps between interviews. Most of our interviewers are available to work both during the day and in the evening and, if evening interviewing is available, we would be able to reduce the number of days spent at the establishment. Should a prisoner refuse to be interviewed, we will not take a substitute but the interviewer will ask to see the prisoner briefly to note the reasons for refusal and to ask if he/she will consent to the interviewer consulting their medical records.

Data from prison and medical records

All inmates selected for the survey will be asked to consent to the interviewers obtaining additional information from medical and treatment records. The lead interviewer will liaise with health care officers to ascertain the best time for interviewers to gather the additional medical data. A copy of the consent form will be provided for inclusion in the medical records if required. We would also like to obtain details of all offences for which the person is currently being held. This may necessitate access to individual records on the LIDS system or warrant cards. The lead interviewer will discuss the best way to obtain this information with the minimum of disruption to the prison staff.

If you want any more information or have any queries about the arrangements for the survey, please phone Nicola Singleton on 0171-533-5305 or the Field Office on 0171-533-5429/5430.
Survey of the health and well-being of prisoners

Information from medical and treatment records

ONS no. [ ] [ ] [ ]  
Prison [ ] [ ] [ ]  
Date completed [ ] [ ] [ ]  
Interviewer no. [ ] [ ] [ ]  

A1. Have you located a completed 'First reception health screen' form for this respondent?

Yes .......... 1  
No ............ 2  

B1. Was the respondent receiving any treatment/medication?

Yes ............ 1  
No ............ 2  
Not recorded .... 3  

B1a. Please record the medication they were receiving?  
(Transcribe all details from form into the table below and then code the medication when entering the data)

<table>
<thead>
<tr>
<th>Name of medication</th>
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</table>
Drug/Alcohol history

C1. Has the respondent ever used drugs?
   Yes ....................... 1
   No....................... 2  \( \rightarrow \) C2
   Not recorded ........... 3

C2. Was the respondent using drugs at the time of completing the
    'first reception health screen'
   Yes ....................... 1  \( \rightarrow \) C2a
   No....................... 2
   Not recorded ........... 3

C2a. What type of drugs were they using at the time of completing the 'first reception form'? 
    CODE ALL THAT APPLY
    Not recorded ................................................. 0
    Cocaine or coke ........................................... 1
    Crack or rock ............................................. 2
    Cannabis (marijuana, ganga, hash, blow, draw) .............. 3
    Ecstasy or 'E' .................................................. 4
    Heroin, smack, skag or 'H' .................................. 5
    LSD or ACID .................................................... 6
    Magic mushrooms ............................................. 7
    Methadone or Physeptone .................................... 8
    Amphetamines, speed, whiz, uppers .......................... 9
    Tranquillizers (Temazepam, Valium) ......................... 10
    Poppers or Amyl Nitrite ....................................... 11
    Anabolic steroids ............................................... 12
    Glues, solvents, gas or aerosols (to sniff or inhale) ......... 13
    Other............................................................. 14

C3. How much alcohol did they drink daily?
   Please try and convert what is recorded at this question into units per day.
   If you are unable to convert the quantity recorded into units please say why.
   ONE UNIT = a half-pint of beer, single measure of spirits or a glass of wine.
   Not recorded ................................................. 0
   0 units ....................................................... 1
   1 unit ....................................................... 2
   2 units ....................................................... 3
   3 or 4 units ................................................... 4
   5 or 6 units ................................................... 5
   7 or more units ............................................... 6
   Not able to convert into units (specify why) ................... 9

C4. Did they think they drank excessively?
   Yes ....................... 1
   No....................... 2
   Not recorded ........... 3

C5. Did the respondent smoke tobacco at the time of completing the
    'first reception health screen'?
   Yes ....................... 1
   No....................... 2
   Not recorded ........... 3
Mental health history

D1. Had the respondent suffered from psychiatric illness in the past?

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<th>Answer</th>
<th>Code</th>
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<td>Yes</td>
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D2. Had the respondent ever tried to deliberately harm themself?

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<td>Yes</td>
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<td>No</td>
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D3. Had they ever attempted suicide?

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D4. Had they ever been prescribed any psychiatric medication/medicine?

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D4a. What was the name of the medication

(transcribe all details from form into the table below and then code the medication when entering the data)

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</table>
Current Medication/treatment

E1. Have you located the Prescription and Administration Record Chart or pharmacy computer records for this respondent?

Yes .............................................................. 1  → F1

No ............................................................... 2 → end of questionnaire

F1. Was the respondent receiving any treatment/medication?

Yes .............................................................. 1  → F1a

No ............................................................... 2

Not recorded ............................................ 3 → end of questionnaire

F1a. Please record the medication they were receiving?
(Transcribe all details from records into the table below and then code the medication when entering the data)

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Survey of the health and well-being of prisoners

Additional information from LIDS

ONS no.  

Prison  

Date completed  

Interviewer no.  

Names used in the BLAISE questionnaire are written in italics

A1. (SLgthYr/Mth/Dys)

Length of prisoner's sentence (record in years, months and days if applicable)

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A2. (RelDate)

Earliest release date (ENTER DATE)  

A3. (MnOffnce)

Name of main offence
A4. *(NumAdOff)*

How many other additional offences has s/he been charged/sentenced for?

ENTER NUMBER

A5. *(AdOff)*

Offence codes for additional offences included in CURRENT sentence/charge

ENTER CODES IN TABLE BELOW

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Please note on the replacement sample sheets all new remand prisoners who have been selected for interview. Please see paragraph 3.5 in your interviewer instructions.

The new remand prisoners you interview should be given the serial no. of the leaver they are replacing. If the serial no. has an asterisk* beside it, please remember to asterisk the replacement sheet at that serial no. as well.

If you have more than one replacement sheet for the prison please can you indicate on each sheet how many to expect (i.e., sheet 1 of 1 or sheet 1 of 2).

Please contact the office if you have any queries.

Anne  5429
Theresa  5430
Nigel  5431
<table>
<thead>
<tr>
<th>ONS PERSON NO.</th>
<th>INMATES PRISON NO.</th>
<th>FULL NAME</th>
<th>M/F</th>
<th>DATE OF BIRTH DD MM YY</th>
<th>TYPE OF PRISONER RING CODE</th>
<th>LOCATION</th>
<th>OUTCOME</th>
<th>AUTH NO</th>
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HEALTH AND WELL BEING OF PRISONER SURVEY BN1417

TEAM LEADERS MONITORING SHEET

Team Leader .................................. Prison......................................

Week beginning .........................................................

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<tr>
<th>DAY</th>
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No of Interviews left in that prison _______

Comments
Survey of Health and Well-Being of Prisoners
Appendix to Interviewers' Instructions

Definitions and descriptions

Physical and mental health problems

You may sometimes have difficulty deciding whether a health problem is mental or physical in nature.

Mental illness does not include mental handicap. Similarly neurological problems are physical conditions and should not be confused with 'nervous' problems. Common neurological problems are:

- Epilepsy
- Cerebral Palsy
- Neuralgia
- Myalgic Encephomyelitis (ME, Post Viral Syndrome)
- Muscular Dystrophy
- Multiple Sclerosis
- Motor Neurone Disease.

Generally, if you are unsure whether a problem is mental or physical, you should assume it is mental so that we do not risk losing information about any mental health problems.

Definitions and description of symptoms in sections A to N of schedule A

Somatic symptoms

These symptoms can be any ache, pain or bodily discomfort which the informant attributes to feeling low, anxious or stressed. They also include any aches, pains or discomfort which are made worse by feeling low, anxious or stressed.

Fatigue

This refers to the feeling of tiredness, fatigue or loss of energy. It does not refer to the pleasant or muscular tiredness which can result from physical exertion.

Concentration or forgetfulness

These refer to the ability to fix one's mind and the tendency to forget things. Poor concentration and forgetfulness are relatively common symptoms. Naturally, there are problems with remembering whether one has forgotten something.
Sleep problems

We are interested in people who could not sleep when they were trying to. People who did not get enough sleep simply because they stayed up too late or had to get up too early do not have a sleep problem.

We are also interested in people who feel they have been sleeping for too long and regard this as a problem.

Abnormal sleeping times are not necessarily regarded as a problem.

Irritability

This refers to feeling short-tempered or 'snappy' towards people or feeling angry over things even if this does not show. Sometimes people feel that the anger they are experiencing is a justifiable result of provocation. Most will not regard this as feeling short-tempered or angry. Hence, people are asked whether they felt short-tempered or angry about things which seem trivial when they look back on them.

Depression

This refers to feeling sad, miserable or depressed and whether people have been feeling able to enjoy themselves as much as usual (or at all). It involves feelings of guilt, inadequacy and hopelessness which are sometimes so overwhelming that the person feels suicidal.

Worry

This is the complaint of repetitive and unpleasant preoccupation with something which is upsetting or anxiety provoking. The person is aware of what is making them upset or anxious. This is what distinguishes worry from anxiety (see below). People who say they are 'concerned about things' are not regarded as worrying.

Anxiety

Anxiety is meant to refer to physical tension and mental nervousness where a person is not aware of the content of the anxiety provoking ideas in his/her mind. Anxiety and worry can be present at the same time.

Anxiety can be caused by a specific thing or situation, that is as a result of a phobia (phobic anxiety) or it may occur without an obvious precipitant ('general anxiety'). Again, both types of anxiety can be present at the same time.
Phobia

This is the dread or uncontrollable fear of some thing or situation where the informant regards the fear as irrational i.e. there is no real danger. Hence, a person does not have a phobia if he has a fear of going out of the house a night and thinks that there is some real danger, or significant risk of danger, attached to this.

Sometimes people deliberately avoid the things or situations which they have a phobia about. Consequently they do not report any anxiety caused by these things or situations within the reference period of the survey. To this end, specific questions about avoidance of such things or situations are asked.

Panic

This is the name given to extreme levels of anxiety accompanied by a variety of symptoms such as the heart racing or pounding, hands sweating or shaking, and feeling dizzy. Sometimes the panic is a result of phobic anxiety when a person encounters the thing or situation which he/she dreads.

Compulsions

These are repetitive acts performed by a subject though they are regarded as unnecessary. These are most commonly checking that doors or windows are locked, that gas or electrical appliances are turned off. These compulsive acts may occur at work, for instance, in checking work over and over again. Sometimes people compulsively make sure they are clean by continually washing themselves.

People are aware that the thing which they are doing compulsively comes from an urge to do so from themselves and not because of some external reason. For instance, a person who checks the door is locked because she thinks the door has been opened since last checking is not counted as having a compulsion. However, the person who checks the door is locked who knows that the door has not been opened since he last checked it, does have a compulsion.

The subject has to decide whether he/she thinks the act which they have been repeating was done so unnecessarily or whether there was good reason.
Obsessions

These are repetitive unpleasant or distressing thoughts. They are sometimes difficult to distinguish from worry. However, an obsession is the same single thought over and over again which is different from worrying about and around some anxiety provoking subject.

The difference between an obsession and a compulsion is that obsessions are repetitive thoughts while compulsions are repetitive acts. The two can be present at the same time.

Psychoses

Psychoses produce disturbances in thinking and perception that cannot be explained as responses to experience and are severe enough to distort the person’s perception of the world and the relationship of events within it.

Psychoses are normally divided into two groups: organic psychoses and functional psychoses. Organic psychoses comprise illnesses such as dementia and Alzheimer’s disease. These are not covered in this survey. We concentrate on functional psychoses which mainly cover schizophrenia and manic depression.

Schizophrenia

Schizophrenia is a most devastating mental illness. It is characterised by several distinctive alterations in mental experiences, modes of thinking and mood. The most characteristic disturbances occur during the active phase of the illness and take the form of hallucinations, delusions and altered behaviour towards others.

Hallucinations and delusions are the most outstanding schizophrenic mental experiences. Auditory hallucinations are the most common. Thus, hearing one’s thoughts aloud, or hearing voices commenting on one’s every action or several voices engaged in conversation are most common. Normally, the voices are being derogatory or giving praise and the person is talked about in the third person.

Commonly, schizophrenics have delusions about bodily control. The person feels that he is under the control of some outside force making him behave as a robot with no will of his own. He may feel hypnotised and feel forced to make particular movements, speak in a special voice, or walk in certain areas. The person feels that these thoughts come to him as penetrating waves from electronic or electrical equipment.

Schizophrenics may experience changes in their thinking, particularly that their thoughts are disrupted by some outside agency, thoughts are withdrawn from their mind and other thoughts inserted into it.
Particularly noticeable in schizophrenics is their abnormal language. Characteristically they are difficult to understand. Their thinking is expressed in a vague or awkward fashion with words poorly chosen and ideas poorly related to one another. No effort is made to correct vagueness or lack of clarity in thought.

Another prominent disturbance is emotional expression. Schizophrenics may seem distant, unresponsive and cold. Often what is said is incongruous with the facial expression.

**Manic-Depressive Psychosis**

The essential feature of manic depression is an excessive disturbance of mood and self-appraisal. Manic depression tends to be episodic with periods of elation (mania) or sadness (depression) interspersed with periods of apparent mental health varying in length from weeks to years.

During an attack of depression, the person complains of being miserable and unsure of himself. Evidence is given for this by means of a dejected appearance or by being restless or easily distracted. Not only is there feeling of sadness or misery but also low self-esteem: feeling inadequate, incompetent, worthless and blameworthy.

The most worrisome feature of the depressed person is inclination to suicide stemming from their attitudes of hopelessness and despair.

People with depression often suffer from disturbances in sleep, particularly waking early in the morning and being unable to return to sleep. Also they may have aches and pains, loss of appetite, constipation and weight loss.

Manic symptoms are almost the exact opposite of those seen during an attack of depression. People during an attack of mania say they are in excellent spirits, feel well, never felt better. They are active, restless, energetic and quick-witted; overbearing, over-confident and pompous. The restlessness and energy progress to hyperactivity. The person makes lots of plans, many of them implausible.

Manic people exhibit disturbed social behaviour. They have increased sexual interest and may become promiscuous. They tend to overspend and become reckless with money.

**Neurotic Depression and Psychotic Depression**

In the private household survey you were told that depression is not a psychotic but a neurotic illness. Indeed, 98% of people who say they are depressed are suffering from neurotic depression. However, there are psychotic form of depression which are much more severe (eg endogenous depression). Some of the people in this supplementary sample may have this form of psychotic illness.
Survey of the health and well-being of prisoners

Instructions for Interviewers carrying out SCAN and SCID follow-up interviews

September 1997
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4 - Consent form
5 - Sample sheet
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1. Overview of research programme

1.1 Background and purpose

The Department of Health has commissioned Social Survey Division of the Office for National Statistics to carry out a survey of the health and well-being amongst prisoners in England and Wales. The main aim of the survey is to collect data on the mental health of prisoners to inform general policy decisions.

You may have heard about the previous surveys of psychiatric morbidity that we carried out during 1993 and 1994. This series of national surveys covered people aged 16-64:

- in private households
- in institutions specifically catering for people with mental health problems
- who were homeless
- known to have a severe mental illness

One group of adults not covered in this initial programme of research was prisoners. In 1993, The Review of Health and Social Services for Mentally Disordered Offenders and Others requiring Similar Services identified research into the prevalence of mental disorders among remand prisoners as a priority.

The population to be covered by this survey are male and female, remand and sentenced prisoners aged 16-64. Prisoners will be sampled from all Prison Service establishments in England and Wales.
1.2 Brief summary of procedures

**ONS lay interviewers**

A team of ONS lay interviewers will work in each establishment. Each team will interview a sample of inmates, the number of interviews depending on the size of the prison population, the gender and type of prisoner: remand or sentenced. Overall we aim to interview 3200 prisoners.

The lay interviewers will ask about the prisoners’ socio-demographic characteristics, matters relating to their offending behaviour and their health status. In particular, they will:

- assess neurosis via the revised Clinical Interview Schedule,
- screen for psychosis by means of questions on medication, previous diagnoses of severe mental illness and five questions on behaviour
- screen for personality disorder using the SCID screen
- measure intellectual functioning by administering the Quick Test
- assess social functioning

Each prisoner will also be asked to give their written consent for the ONS lay interviewer to consult their medical and treatment records and for you to carry out a follow-up interview.

**ONS clinical interviewers**

One in five respondents will be randomly chosen to take part in a follow-up interview. This second interview will consist of a SCAN (Schedules for Clinical Assessment of Neuropsychiatry) interview to identify respondents with a psychotic disorder and a SCID-II interview for the diagnosis of personality disorder.

The SCAN questionnaire will be loaded onto a laptop computer which will be lent to you for the duration of the field period. This will also contain a questionnaire into which you can enter the data from the SCID interviews. Instruction on their use will be given at the training courses for each instrument.
2. Prison environment

2.1 Types of prison

There are several different types of prison, the most obvious split being whether they house male or female prisoners (although there are a couple of prisons which cater for both, e.g. Highpoint). They are further divided into prisons catering solely for young offenders (Young Offender Institutions - YOI) or for all ages of prisoner.

YOIs may be closed, open or short sentence. A closed YOI has, as the name implies, stricter security than an open prison. Inmates of closed YOIs are normally allocated to cells and have to spend some part of the day locked up in the cells. Any time spent out of the cells will be supervised by prison officers. In open prisons, prisoners normally sleep in dormitories and have much greater freedom of movement. Short sentence Young Offender Institutions cater for young people who are in prison for very short periods of times - sometimes a few days.

Those prisons that do not cater solely for young offenders are also divided into closed and open prisons but within the closed category there is a further distinction between local prisons and training prisons. Local prisons are, as the name implies, normally local to the court that has convicted the prisoner. Prisoners may spend their whole sentence in a local prison or may start their sentence there but be transferred to another type of prison. Local prisons will normally contain both sentenced and remand prisoners (see below). A closed training prison is normally a prison where longer sentences are served and are often high security. Some prisons are 'mixed', serving more than one function.

Prisoners can be divided into three main types: convicted and sentenced, convicted but unconvicted, unconvicted and unsentenced. The latter two groups are termed remand prisoners though in many cases prisons only use the term remand to apply to those prisoners who are unconvicted and unsentenced; prisoners who have been convicted but not yet sentenced are often referred to as JRIs (Justice Respited). Remand prisoners (both types) may be held in a remand centre or they may be held with sentenced prisoners in a closed prison. In the latter case they will often be held on a separate wing, but they may be held mixed in with the sentenced prisoners.

Some prisons also contain fine defaulters and civil prisoners.
2.2 The Prison Medical Service

The Prison Service is in the process of reorganising its Health Care Service. The responsibility for health care is currently being devolved to governors, but they rely heavily on six Regional Health Care Advisers for guidance. Increasingly, some provision of care may be contracted out to local NHS providers. Prisons are being grouped into clusters, with four levels of care being offered:

- a 9-5 clinic, operating from Monday to Friday
- an ‘unlock to lock-up’ facility.
  Neither of the above have in-patient beds.
- A hospital facility, with in-patient beds, and
- a specialist hospital, which can carry out specialist examinations and treatment.
  These usually serve a number of prisons.

Not all prisons offer all of the above facilities, and the level of health care therefore varies between establishments. Facilities in individual prisons may be concentrated in one place, or they may be dispersed, with consulting rooms on each wing and a central hospital wing.

Every prison has a Head of Health Care. In larger prisons, this is usually a full-time senior doctor; in smaller ones, a local GP working part-time at the prison. Each prison also has a Health Care Manager, usually a senior nurse, who might be at a Governing grade or at Health Officer grade. S/he is responsible for the nursing staff, and also for giving general support to the Head of Health Care. In smaller prisons, the doctor might not be present all the time, but the Health Care Manager should be.

Many nursing duties in prisons are carried out by prison officers, not all of whom have received nursing training. In March 1993, 41% of prison nurses were medically trained. ‘Hospital Officers’ are prison officers who have completed a six-month training course. They wear prison uniform, and sometimes have an ‘H’ on their epaulettes.

Strictly speaking, only doctors are Medical Officers (or MOs), but inmates sometimes use the term to refer to any of the Health Care Staff. Hospital officers are sometimes called ‘HOs’.

In addition to the facilities available in prisons, prisoners are allowed to attend NHS hospitals as outpatients or as inpatients. NHS doctors and other specialists, such as psychiatrists, dentists, chiropodists, opticians and
physiotherapists visit prisons to give inmates advice and treatment. Remand prisoners are allowed to ask for private doctors to visit them in prison, and to pay for treatment. Sentenced prisoners are not, and any doctor or specialist visiting them from outside is therefore likely to be an NHS doctor or specialist.

2.3 Access to the prison and the sampled prisoners

As with all research in prisons the first contact with prisons had to be made by the Prison Service. Following a directive from them, SSD wrote to each of the prisons asking for the name of a contact and for the name of the Head of Health Care. We have also said that you will need rooms to carry out the interviewing. A copy of the letter is included in Appendix 2 to these instructions.

Also included are copies of the letters sent via the governor to be displayed for the prison officers and for the inmates. We have also informed the six Regional Health Care Advisers of the survey.

You are likely to come into contact with three separate types of staff in the prisons: administrative staff, prison officer staff and medical staff. The administrative staff or medical staff may be your first contact. The prison officer staff will arrange for you to see the prisoners.

Previous prison surveys we have carried out have shown clearly that the success of the fieldwork depends on winning the co-operation of the prison officers. We have heard that researchers from other organisations who have recently carried out work in prisons managed to alienate some of the prison officers, who were then less than enthusiastic about helping them with their work.

One lay interviewer will have been nominated as the co-ordinator for the SSD team in each prison and you will be provided with their phone numbers. Before you go to a prison for the first time please contact this co-ordinator. S/he will give you invaluable information about the prison which will help you with your work: the key contact in the prison, arrangements for interviewing etc.
2.4 Visiting the prison

Security at prisons varies according to the type of prison but in all cases you will, of course, need to show your identification card and an ONS letter of authorisation at the gate. It is important that you tell your contact the times that you intend to visit. Initially you need tell them only about your first visit but after you have made interviewing arrangements, you should tell them when you next intend to visit and keep them informed if you have to change your plans. We have asked for parking spaces to be made available for you at the prisons and you should check this with your contact when you ring. Also check which entrance you should use as there is often a separate entrance for prison visitors and for official visitors.
3. Sampling

3.1 Obtaining your sample

Your sample of prisoners will be one in five of those already interviewed by our lay interviewer. Therefore they will include prisoners with minor as well as severe psychopathology. Note that only female interviewers will be given female prisoners to interview.

Because the prisoners you will be interviewing have already been interviewed by lay interviewers we are able to pass on to you basic information about them: name, date of birth, prison number, ONS serial number, location (e.g. wing and cell)

As soon as we have details of the prisoners selected for follow-up, we will send you a sample sheet giving these details (an example of these id given in the Appendix to these instructions). You will be sent two copies of each sheet - the top copy is for yourself and shows the ONS serial number as well as the respondent’s name and prison number etc., the bottom copy is for your contact and has the ONS serial number blanked out. Because the top copy has the ONS number on it together with information identifying individuals it is vital for confidentiality that this is kept securely.

Once those prisoners selected for follow-up have been interviewed by our lay interviewers and have consented to a follow-up interview, we will transmit a questionnaire object to you via modem and you can then carry out an interview with them. Instructions for using the laptops and transmitting by modem are given in section 8 of these instructions.

We are hoping that you will be able to carry out your follow up interviews within about 7 days of the initial interview, but in most cases we would like the lay interviewers to have finished working in a prison before you start your interviews. Long delays between interviews will increase the risk that selected prisoners will have left the prison and increase the difficulty of tracking them down for interviewing.

3.2 Monitoring progress

You will transmit completed questionnaires by modem. Please do so regularly so that we can monitor progress. Also note the outcomes on your sample sheet and when you have finished your work in a prison please send back the completed sheet so that we can check that we have received all cases.
4. Interviewing procedures

4.1 Arranging the interviews

As soon as you have been given your sample you should give a copy to your contact in the prison so s/he knows who you are going to want to see. You must ask your contact if any of the selected prisoners are due to leave shortly. If any are, you should try to see them first. (In those prisons where you are interviewing remand prisoners, they will usually take priority over the sentenced sample as they are generally more likely to be moved). You should discuss with your contact how to organise the interviewing. We need to leave this to you to decide because the arrangements in the prisons vary so much. You will find that the hours available for fieldwork are limited in some prisons, amounting to as little as two hours in the morning and two hours in the afternoon. You should stress to your contact that you are able to work evenings (if you are). You may find that the prison officers start off allowing you only very restricted hours but become more flexible as you get to know them.

Interviews should take place in a room without any one present other than the interviewer and the informant. You will be very much in the prison's hands as to what rooms you will be given.

4.2 Interviewing the respondents

You should discuss with your contact the best way to organise the interviewing, bearing in mind that prisoners do have other activities such as work, sport, visits, court appearances. It is likely that prisoners will be excused work to see you, but some activities, particularly visits, will take priority over the interview.

4.3 Introducing yourself and the survey

Before commencing the interview please check the identity of your informant by asking him/her for his/her name and prison number. Please take care that you have entered the correct case. If you use the wrong case, we will not match the follow-up interview data with the correct initial interview. You can introduce yourself as working for ONS as part of the follow up survey on the health and well being of prisoners. Results from our pilot survey that we carried out last June with three clinicians working in six prisons were very
encouraging. Try not to introduce yourself as a psychiatrist but as an ONS interviewer with special skills. Some prisoners are not very keen on doctors - particularly psychiatrists!

4.4 Ethical concerns

The main reason for not introducing your self as a psychiatrist is that we do not want to set up any expectations that treatment will be forthcoming. We also do not want to tread on the toes of the Prison Health Service who may be treating the prisoner.

Any information that you receive must be kept in strict confidence. You must not talk to any other prisoner or prison staff about the results of your interview. The pledge of confidentiality that we give to all informants in all our surveys is inviolate.

If you have grave concerns about the mental stability of the person you are interviewing, you can certainly encourage him/her to seek professional help but I reiterate you must not talk about the prisoner to anyone else.

5. Safety

You are unlikely to have much choice, but if you do, a room with a glass panel in the door will give you a greater feeling of security. There are some obvious precautions which you can take, such as making sure that you are between the informant and the door, and that you have your personal alarm with you. We have asked for a prison officer to be assigned to you throughout the time that you are in the prison and you should check security arrangements with him or her. It may be that the prison advises you not to see a prisoner and you should follow this advice (though try not to let the prison officers be overprotective). Do not put yourself in a position where you feel worried about your own safety and if you have any concerns ring the office so that we can discuss it.
6. Practical points

In most prisons, interviewing time will be governed by the routine of the prison. It is therefore essential that you are available to start interviewing at 9.00 am (or whatever time the prison tells you interviewing can begin) so that none of the interviewing day is wasted. Don’t forget to allow plenty of time for security procedures at the gate or to wait for an escort to wherever you will be interviewing. In each prison you will need to establish the times of immovable feasts; e.g. when the interviewing has to stop for lunch or tea, and in open prisons times of tally calls (when all prisoners have to gather to be ticked off on a register). Interviews will need to be timed so that they fit into these constraints; in practice, this is likely to mean one interview in the morning before lunch, and another in the afternoon (you may be able to do more than this in the open prison).

If you are in a prison which operates a long lunch hour you may find that it is not worth leaving the prison during this time. You may be able to use the prison officers’ canteen in some prisons, although you may prefer to bring your own lunch. It may also be sensible to bring in your own flasks of coffee; not many prisons on the National Prison Survey thought to offer our interviewers any refreshment! Also be warned - sometimes the tea urns are used to sterilise prisoners’ needles! In open prisons, lunch times are likely to be a lot shorter, and you will have more flexibility in arranging interviews.

Do make sure, if you are staying on the premises, that prison officers know where you are. This is a general point to bear in mind; it is worth checking when prison officers change their shifts and making sure that the prison officer assigned to you has passed on the information on your whereabouts to the prison officer who has taken his place. At the end of the day you also need to double check that arrangements for your next day’s interviewing are known to the right prison officers.

Apart from the scheduled breaks in the interviewing day, you may find that occasionally everything has to come to a stop for unscheduled reasons. One instance of this is when the prison decides to hold a cell search. This is liable to happen without warning and all prisoners have to return to their cells immediately (including your informant if you are in the middle of an interview). The other circumstance which can be even more unnerving is if the alarm bell sounds. The prison officers first concern then will be for your safety and you may find yourself being unceremoniously bundled into the nearest cell and locked in!
The final practical point to mention is that of toilets. If you are a woman working in a men's closed prison, you may find that the women's toilet is pretty inaccessible and you will probably need to be escorted through a series of locked doors by your prison officer. Perhaps this is why cups of coffee are not generally on offer!

The level of security varies at different prisons so you should check before going exactly what you will be allowed to bring into the prison (mobile telephones are definitely not allowed anywhere).
7. Non-contacts, refusals, ineligibles, advised not to see

7.1 Non-contacts

As noted earlier, we would like you to try to find out if any of your sample are about to leave the prison and interview them as soon as possible. If any prisoner moves from or leaves the prison before you manage to interview him/her, this should be coded as 44 - Left prison. Please get any details you can about where they have gone to as, where possible, we will be arranging to follow-up these prisoners wherever they have gone.

You may be unable to see some sampled prisoners because they are busy or otherwise unavailable throughout the period that you are in the prison, although they have not left the prison. These should be noted as a non-contact on the sampling sheet and assigned an outcome code of 41 (Non-contact for interview) in the Admin Block but these cases should be very rare as, if necessary, you should arrange to go back to interview them at a suitable time.

If you are left with prisoners on the sampling sheets who you have not been able to approach because of lack of time, assign an outcome code of 42 (Field period ran out) in the Admin Block. This should only happen at the very end of the field period.

7.2 Refusals

As in all our surveys, prisoners have the right to refuse to see you. It is worth asking to see any refusals, as you might be able to 'convert' some of them. Experience has shown that many refusals stem from the way the prison officer may have presented the request and if you can see the respondent and explain the survey they will often be happy to participate. Should a respondent refuse, they should be noted as a refusal on the sampling sheet and assigned an outcome code of 31 in the Admin block. You will then be asked to say whether the refusal was to a prison officer or yourself and to give the reason for refusal if known.

It is possible (but extremely unlikely) that a prisoner will be incapable of doing the interview. Should this be the case code the outcome as 31 and go on to explain why.
7.3 Advised not to see

Any sampled inmate whom you have been advised not to see should be assigned an outcome code of 43 in the Admin Block.
9. Field instructions

9.1 Field Dates

22 September - 19 December

9.2 Contacts

Research: Nicola Singleton 0171 533 5305
Howard Meltzer 0171 533 5391

Field: Anne Klepacz 0171 533 5429
Theresa Parker 0171 533 5430
Nigel Hudson 0171 533 5431

SSD FAX NO. 0171- 533-5300
Interviewer instructions

Appendices

1 - Glossary of terms used in prisons
2 - Copies of advanced letters/notices
3 - Purpose leaflet
4 - Consent form
5 - Sample sheet
6 - Use of SCAN in prison survey - time periods & SCAN sections
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABH</td>
<td>Actual bodily harm</td>
</tr>
<tr>
<td>Accumulated visits</td>
<td>Prisoners may save their visits up and receive them over a short period of time. Prisoners may be serving their sentence in an establishment some distance from their family home. The individual may save up his/her visits and then move for a short while to a prison near relatives/friends and receive a number of visits in a short period of time.</td>
</tr>
<tr>
<td>ACR</td>
<td>Automatic conditional release</td>
</tr>
<tr>
<td>Association</td>
<td>recreation time, opportunity to mix with other inmates, watch television etc.</td>
</tr>
<tr>
<td>Banged up</td>
<td>locked in cell</td>
</tr>
<tr>
<td>'Behind the door'</td>
<td>cellular confinement - normally punishment as a result of adjudications.</td>
</tr>
<tr>
<td>The block</td>
<td>The punishment block. This is a segregated unit away from the inmates' normal location.</td>
</tr>
<tr>
<td>Burglars</td>
<td>Officers who carry out a 'spin' (a cell search) are sometimes referred to as burglars. These officers may be from another wing.</td>
</tr>
<tr>
<td>'Blow'</td>
<td>cannabis</td>
</tr>
<tr>
<td>Canteen</td>
<td>Money that inmates earn in prison. (normally about a couple of pounds sometimes they have to buy their toiletries with this).</td>
</tr>
<tr>
<td>Cons</td>
<td>convicts</td>
</tr>
<tr>
<td>DCR</td>
<td>Discretionary conditional release</td>
</tr>
<tr>
<td>A detox</td>
<td>(Detoxification) A short withdrawal</td>
</tr>
</tbody>
</table>
programme aimed to get an addict off drugs and/or alcohol

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discipline Office</td>
<td>This is where the records on the inmates are normally held. It is often staffed by civilian staff.</td>
</tr>
<tr>
<td>Done his/her bird</td>
<td>finished his/her sentence</td>
</tr>
<tr>
<td>Doing time</td>
<td>Serving a prison sentence</td>
</tr>
<tr>
<td>EDR</td>
<td>Earliest Date of Release</td>
</tr>
<tr>
<td>GBH</td>
<td>Grievous bodily harm</td>
</tr>
<tr>
<td>Grass/snitch</td>
<td>Inmates who have told on their fellow inmates. Supergrass are individuals who told the authorities about other people's criminal activities prior to coming into prison.</td>
</tr>
<tr>
<td>HO</td>
<td>Hospital officer. A prison officer who has completed a six-month medical training course.</td>
</tr>
<tr>
<td>HSG</td>
<td>Handling stolen goods</td>
</tr>
<tr>
<td>Holding Warrant(HW)</td>
<td>Offence is not known and this warrant is a means of holding an inmate.</td>
</tr>
<tr>
<td>IPV</td>
<td>Inter-prison visits</td>
</tr>
<tr>
<td>Justice Respited(JR)</td>
<td>When a prisoner has been convicted of a crime but not yet sentenced, this remand prisoner is sometimes referred to as justice respited.</td>
</tr>
<tr>
<td>Knock back</td>
<td>When an inmate has had a refusal of any kind (especially parole) it is known as a knockback</td>
</tr>
<tr>
<td>Lifer</td>
<td>An inmate who has received a life sentence</td>
</tr>
<tr>
<td>LDR</td>
<td>Latest Date of Release</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>MO</td>
<td>Medical Officer. Strictly speaking, only doctors are MOs, but inmates seem to use the term to refer to any of the health care staff.</td>
</tr>
<tr>
<td>A muppet</td>
<td>Prison slang for women with recognised psychiatric problems</td>
</tr>
<tr>
<td>Parcels</td>
<td>In cells without toilet facilities, inmates do not always like using a bucket (in front of their cell mates). Consequently they sometimes defecate in their underpants and these 'parcels' are sometimes thrown out the window.</td>
</tr>
<tr>
<td>PED</td>
<td>Parole eligibility date</td>
</tr>
<tr>
<td>Reception visit</td>
<td>Visit within first 7 days inside</td>
</tr>
<tr>
<td>RTA</td>
<td>Offences connected with the Road Traffic Act</td>
</tr>
<tr>
<td>Rule 43</td>
<td>Inmates who are in a segregated unit, often for their own safety. Many sex offenders are under rule 43.</td>
</tr>
<tr>
<td>Screws/uniforms</td>
<td>Prison officers</td>
</tr>
<tr>
<td>SED</td>
<td>Severe expiry date</td>
</tr>
<tr>
<td>Sent down</td>
<td>Sent to prison</td>
</tr>
<tr>
<td>Slopping out</td>
<td>Inmates in cells that do not have proper sanitary arrangements have to use a bucket during lock up time. The emptying of bucket is referred to as slopping out</td>
</tr>
<tr>
<td>A spin</td>
<td>A cell search</td>
</tr>
<tr>
<td>TADA</td>
<td>Taking (a car) and driving away</td>
</tr>
<tr>
<td>Tea-ing up</td>
<td>Giving tea, access to toilet during evening periods</td>
</tr>
<tr>
<td>TWOC</td>
<td>Taking (a car) without consent</td>
</tr>
</tbody>
</table>
USI  Unlawful sexual intercourse

V.O.s  Visiting orders are sent by prisoner to person who he/she wishes to visit him/her

A walk out  The act of setting a person free from court. A person on remand may be given a 'walk out because he/she has done more time on remand than could be required by the sentence.

YP  Young Person

28/93  28 day lie down
You have probably heard that we are coming here to talk to some prisoners about their background and health and well-being.

This is part of a survey we have been asked to do by the Department of Health and the Prison Service in all prisons in England and Wales. It is one of a series of surveys looking at the health and well-being of all groups of people within the country. The survey will help the Department of Health and the Prison Service to plan better services.

The interviewer has drawn your name at random from the list of inmates here, and with your permission would like to include you in the survey. As in all our surveys, we rely on voluntary co-operation but we hope that you will be willing to talk to us as everyone's answers are important if we are to build up a complete picture.

Anything that you say to the interviewer will be in strict confidence. It will not be passed on to anyone either in the prison or in the Prison Service and you will not be identified in any way outside of the survey.

The interviewer will ask to see you some time in the next few days for about 1½ hours. If you have any questions about the survey, the interviewer will be happy to answer them.

I hope you will be able to help us in this survey and thank you in advance for your co-operation.

Yours sincerely

ONS interviewer
NOTICE TO ALL PRISON AND HEALTH CARE OFFICERS

SURVEY OF THE HEALTH & WELL-BEING OF PRISONERS IN ENGLAND AND WALES

Why are we doing the survey?
The Department of Health is carrying out a programme of surveys looking at how the stresses and strains of life affect the health and well-being of the people throughout the country and the sorts of services that are available to help them. As part of this programme, the Office for National Statistics (ONS) has already carried out surveys of adults living in households, residents in institutions for people with mental health problems and homeless people. This survey in prisons and another one of children will help to complete the national picture of the health and well-being of people throughout the country.

When will the survey take place?
A pilot survey in 6 prisons has recently been completed. The main stage of the survey will involve all Prison Service establishments and will take place between September and December 1997.

What will the survey involve?
A team of interviewers, with a designated team leader, will visit your establishment to carry out interviews with a sample of inmates chosen at random. Each selected inmate will be interviewed for about 1½ hours. A few prisoners will also be asked to take part in a further, more detailed, follow-up interview carried out by a specialist. Provided that the inmate gives written consent, the interviewer may also consult his or her medical or treatment record for details of past health problems and prescribed medication. The lead interviewer will consult with prison staff on how best to ensure that the survey interferes as little as possible with your daily routine.

Thank you in advance for your co-operation with this important survey for the Department of Health and the Prison Service.
NOTICE TO ALL INMATES

SURVEY OF THE HEALTH & WELL-BEING OF PRISONERS

The Office for National Statistics (ONS) has been asked by the Department of Health and the Prison Service to carry out a survey of the health and well-being of prisoners.

What is the survey about?

This survey is part of a very important programme of research on the health and well-being of the nation. National surveys of adults living in households and in residential homes and of homeless people have already been done. This survey of prisoners and another of children will help complete the picture of the health and well-being of all groups of people in the country.

The main purposes of the survey are to find out:
- how people are coping with the strains and stresses of everyday life
- what things make people nervous, anxious or depressed
- what people do for help or support when they need it.

The information from the survey will help the Department of Health and the Prison Service to work out how many people with different kinds of problems there are likely to be in different places. This will help them make better plans for services to help or support these people. It will show them the areas where services need to get better and also those places where services are good.

What will happen in the survey?

All Prison Service establishments in England and Wales will be visited by ONS interviewers over the next 4 months. Inmates will be selected entirely at random and asked to agree to take part in the survey. ONS interviewers will then ask those who are selected some questions about their health and well-being, use of health services, and their experiences before and during this prison term. The interview will last about 1½ hours. Some prisoners will also be asked to take part in a more detailed follow-up interview at another time.

As in all of our surveys, we rely on voluntary co-operation. We hope, however, that those of you who are selected will agree to help us, as we are interested in hearing the views of a range of people. Anything that is said to our interviewers will be in strict confidence. It will not be passed on to anyone either in the prison or in the Prison Service and no-one will be identified in any way outside of the survey.

If you are selected to take part in the survey, we hope that you will agree to talk to our interviewers.
Dear «CONTACTNAME»

SURVEY OF HEALTH & WELL-BEING OF PRISONERS IN ENGLAND & WALES

As you are probably aware, the Governor of your establishment has nominated you to be the contact for arrangements for this survey which will be taking place throughout all Prison Service establishments in England and Wales. This letter and the enclosure provide more information about the survey procedures. However, it is recognised that the detailed arrangements will need to vary from place to place and someone will contact you nearer the time to discuss the best way to carry out the survey in your establishment.

A pilot survey in six prison establishments was successfully completed in June. It is proposed to include your establishment in the first wave of the main stage of the survey which will take place from mid-September to the end of October. The exact dates will not be available until nearer the time, since the fluctuating population sizes in each prison means we cannot be sure at the moment how long we will need to spend in each prison. We will notify you of more precise dates as soon as we can.

Copies of two notices are enclosed which give information about the survey. One is for the information of your prison and health care officers and one for the inmates. Please could you display these in appropriate places. More copies are available if you need them.

I hope this letter has made the details of the survey clear, but if you have any queries about the arrangements which you wish to discuss, please contact me on 0171-533-5305 or our Field Office on 0171-533-5429/5430.

Yours sincerely

Nicola Singleton
Project Manager
Dear Governor

SURVEY OF THE MENTAL HEALTH OF PRISONERS IN ENGLAND AND WALES

Prison Service Instruction No. 67/1997 explained the policy reasons for the survey of the mental health of prisoners in England and Wales which ONS has been commissioned to undertake. This letter is to give you information about the practical aspects of the survey and to ask for your co-operation in nominating a member of your staff whom our interviewer can contact to make the necessary arrangements.

A pilot survey in six prison establishments was successfully completed in June. All prison establishments will be involved in the main stage of the survey which will take place between September and December 1997. A random sample of inmates will be selected for interview at each establishment. We will also collect details of information on medication and treatment related to mental health problems from medical and treatment records and information from prison records, if the sampled prisoner gives written consent. A sub-sample of prisoners will also be selected for a follow-up clinical interview. More details of the practical aspects of the survey are given in the enclosed document.

In order not to take up too much of each establishment's time, a team of interviewers will usually be used. The names of all the interviewers who will be working on the survey will be passed to Prison Service headquarters for security clearance before they visit any establishments.

It is proposed to include your establishment in the first wave of the survey which will take place from mid-September to the end of October. The lead interviewer, who will co-ordinate the work of the whole team, will contact your establishment nearer the time to make arrangements to visit to carry out the sampling and interviewing of prisoners. As arrangements in each establishment will vary, we have left final details to be agreed between our interviewer and the nominated contact at your establishment. Our interviewer will also
need to liaise with the Head of Healthcare at your establishment and it would be helpful if you could provide his or her name. As our interviewers normally travel by car, we should be grateful if car parking spaces could be made available on the days they visit.

Copies of two notices are enclosed which give information about the survey. One is for Prison Officers and Health care staff and one for inmates. We will send additional copies of these to your nominated contact for display as appropriate. You will see that we describe the survey as a 'Survey of Health and Well-Being'. This is the term we used in our previous surveys and has been adopted because of concerns that the stigma attached to mental health problems might result in widespread refusal to participate if mental health was mentioned directly in the description.

I hope this letter has made the details of the survey clear, but if you have any queries about the arrangements which you wish to discuss, please contact me on 0171-533-5305 or my colleague Howard Meltzer on 0171-533-5391. If you have any queries about the background and reasons for the research you should contact Andrea Humphrey at the NHS Executive (telephone 0171 972 4506).

I would be grateful if you would return the reply slip to this office giving the name of the person our field officer or lead interviewer should ask for when he or she contacts the establishment to discuss arrangements, if possible by 22nd August. Thank you in advance for your co-operation.

Yours faithfully

Nicola Singleton
Survey Project Manager
REPLY SLIP:

Name of Establishment: HMP ACKLINGTON

Name and telephone number of person to be contacted:

________________________________________________________________________

Name and telephone number of Head of Health Care:

________________________________________________________________________

Any other relevant information:

________________________________________________________________________

Please return to Anne Klepacz, D1/15, Office for National Statistics, 1 Drummond Gate, London SW1V 2QQ in the pre-paid envelope or Fax to 0171 533 5300.
What is the Office for National Statistics (ONS)?

ONS is the government department which gathers together and publishes a range of statistics about the society in which we live and about the economy. It also is the Office of the Registrar General for England and Wales.

ONS includes the Social Survey Division which carries out many important government surveys throughout Great Britain, providing information on the cost of living, health, housing, and many other matters of public interest.

ONS has a wide range of other responsibilities, including:

- the registration of births, marriages and deaths
- providing population and health statistics
- carrying out the census of the population
- providing statistics on employment and unemployment
- providing statistics on businesses, and the nation’s finances and economy.

If you have any questions about the survey please contact:

Nicola Singleton or Anne Klepacz
Social Survey Division
ONS
1 Drummond Gate
London
SW1V 2QQ

Survey of the Health and Well-Being of Prisoners

Carried out by the Social Survey Division of the Office for National Statistics on behalf of the Department of Health and the Prison Service
This leaflet answers some of the most common questions people ask about the Survey of Health and Well-Being. If you have any further questions, please feel free to contact the Social Survey Division of ONS.

What is the survey about?

This survey is part of a very important programme of research on the health and well-being of the nation. It is being done by the Office for National Statistics on behalf of the Department of Health and the Prison Service. National surveys of adults living in households and in residential homes and of homeless people have already been done. This survey of prisoners and another of children will help complete the picture of the health and well-being of all groups of people in the country.

The main purposes of the survey are to find out:

- how people are coping with the strains and stresses of daily life
- what things make people nervous, anxious or depressed
- what people do for help or support when they need it.

How will the information be used?

The information from the survey will help the Department of Health and the Prison Service to work out how many people with different kinds of problems there are likely to be in different places. This will help them make better plans for services to help or support these people. It will show them the areas where services need to get better and also those places where services are good.

How were you chosen to take part in the survey?

Everyone taking part in the survey was chosen at random from a list of all inmates in the establishment. This ensures that all types of people are properly represented in the survey.

How many people are being interviewed?

Overall, about 3200 interviews will be carried out, spread across all prison service establishments in England and Wales. All types of prisoners aged between 16 and 64 will be included. This will mean that all groups of inmates and all areas will be fairly represented. That is why it is important that everyone we ask agrees to take part otherwise some groups might not be included.

Will the information be kept confidential?

Absolutely. Any information given to us will be treated in complete confidence. The results will not be used in any way in which they can be associated with your name. No identifiable information about you will be passed to the prison authorities or the Department of Health.

As in all our surveys we rely on people's voluntary co-operation which is essential if our work is to be successful.

Thank you very much for helping us.
CONSENT FORM

Date of interview

ONS no.

I, (name) ...........................................................................................................................................................................

of (name of Prison) ..........................................................................................................................................................

I consent to an interviewer from the Office for National Statistics consulting my medical and treatment records for details from the initial health screen, medical history and currently prescribed medication. ONS has undertaken to treat the information as confidential and not publish it or pass it to anyone outside their organisation in a form which would enable the identification of individuals.

Signed ................................................................. Date ..........................................

20/08/97 10:01/MEICONS.DOC
<table>
<thead>
<tr>
<th>Prison</th>
<th>ONS number</th>
<th>Prison number</th>
<th>Name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Type of prisoner*</th>
<th>Location</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>91</td>
<td>1</td>
<td>AB 1234</td>
<td>PRISONER, TOM</td>
<td>M</td>
<td>01.06.74</td>
<td>1</td>
<td>A2-025</td>
<td></td>
</tr>
<tr>
<td>91</td>
<td>6</td>
<td>AC 2345</td>
<td>PRISONER, BILL</td>
<td>M</td>
<td>16.01.62</td>
<td>3</td>
<td>B2-006</td>
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<td>91</td>
<td>11</td>
<td>AD 3456</td>
<td>PRISONER, JACK</td>
<td>M</td>
<td>31.10.33</td>
<td>2</td>
<td>B2-024</td>
<td></td>
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<tr>
<td>91</td>
<td>16</td>
<td>BA 4567</td>
<td>PRISONER, GEORGE</td>
<td>M</td>
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<td>C2-003</td>
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<tr>
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<td>21</td>
<td>BC 5678</td>
<td>PRISONER, PETER</td>
<td>M</td>
<td>16.07.78</td>
<td>1</td>
<td>C3-006</td>
<td></td>
</tr>
</tbody>
</table>

* 1=remand/unconvicted; 2=convicted/unsentenced; 3=convicted & sentenced; 4=civil prisoner at time of sampling
<table>
<thead>
<tr>
<th>Prison number</th>
<th>Name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Type of prisoner</th>
<th>Location</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB 1234</td>
<td>PRISONER, TOM</td>
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</tr>
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<td>16.07.78</td>
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<td>C3-006</td>
<td></td>
</tr>
</tbody>
</table>

* 1 = remand/unconvicted; 2 = convicted/unsentenced; 3 = convicted & sentenced; 4 = civil prisoner at time of sampling
## USE OF SCAN IN PRISON SURVEY

### TIME PERIODS AND SCAN SECTIONS

<table>
<thead>
<tr>
<th>SECTION/S</th>
<th>LEFT/UPPER BOX</th>
<th>RIGHT/LOWER BOX</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEUROSIS: PS/PE WEEK SCAN</td>
<td>PS/PE Present State</td>
<td>WEEK PRECEDING THE CISR INTERVIEW</td>
<td>Scan interviewer S need to know date of CISR</td>
</tr>
<tr>
<td>NEUROSIS: PS/PE WEEK SCAN</td>
<td>PS/PE Present State</td>
<td>WEEK PRECEDING THE CISR INTERVIEW</td>
<td>Scan interviewer S need to know date of CISR</td>
</tr>
<tr>
<td>PSYCHOSIS: PSYCHOSIS PAST YEAR SCAN</td>
<td>PS/PE Present State/Present Episode</td>
<td>PAST YEAR</td>
<td>Past year allows comparison with other national surveys</td>
</tr>
<tr>
<td>ALCOHOL AND DRUG</td>
<td>PAST YEAR</td>
<td>LIFETIME BEFORE</td>
<td>Default for Scan 1</td>
</tr>
<tr>
<td>SOMATOFORM DISORDERS</td>
<td>PAST YEAR</td>
<td>NOT APPLICABLE</td>
<td>Default for Scan 1</td>
</tr>
<tr>
<td>OBSERVATIONAL SECTIONS: MOOD, SPEECH ETC</td>
<td>AS OBSERVED AT INTERVIEW</td>
<td>NOT APPLICABLE</td>
<td>If possible make cautious use of information from informant</td>
</tr>
<tr>
<td>TRAUMATIC DISORDERS AND PTSD</td>
<td>MOST RECENT EPISODE</td>
<td>NOT APPLICABLE</td>
<td>NB record age of onset at 1.97 - 1.99</td>
</tr>
<tr>
<td>COGNITIVE</td>
<td>DEFAULT</td>
<td>NOT APPLICABLE</td>
<td></td>
</tr>
</tbody>
</table>