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Conference Abstract

Processes of implementation of computer assisted therapy for substance misuse ('Breaking Free Health and Justice') within prison settings

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Abstract

Rates of substance misuse and comorbid mental health difficulties ('dual diagnosis') are high within the prison population, so provision of rehabilitation services within prison settings has become a key concern for government, especially given the established links between substance misuse and criminal recidivism. Therefore, a novel computer assisted therapy (CAT) programme specifically developed for a prison population, Breaking Free Health and Justice (BFHJ) has recently been approved as an effective regime intervention by the National Offender Management Service (NOMS). BFHJ has also become the first healthcare intervention to be included on 'Virtual Campus', a prison-specific IT infrastructure designed to support a number of technology-based programmes to help prisoners work towards their rehabilitation. BFHJ has been developed in consultation with NOMS and includes, in addition to evidence-based cognitive-behavioural change techniques, content specific to a prison population including psycho-education around overdose prevention, which is a particularly high risk for opiate using prisoners following release into the community. The programme has also specifically been developed to support transition back into the community, providing continuity of care, forming an integral part of the 'Through the Gate' (TTG) initiative as part of Transforming Rehabilitation (TR) which is intended to reform the way prisoners are supported post-release in order to reduce recidivism rates. All prisoners who access BFHJ for support with their substance misuse and mental health difficulties within the prison setting can then continue to be able to access the programme following release, in order to allow them to continue with the recovery progression they have achieved during their prison sentence. Quantitative psychosocial outcomes data are reported that describe effectiveness of the programme in reducing severity of mental health sequelae including depression and anxiety, impact on substance dependence and use and also quality of life. In addition, qualitative data from prisoners using BFHJ, and also prison staff, provide detailed insights into the specific ways in which prisoners have benefited from using the programme, and how prison staff have responded to the introduction of this new digital intervention. The process by which BFHJ has been implemented across prisons in the UK has provided some learning experiences that may inform how further technology-based interventions may be made available to prison and other criminal justice populations, with initial evaluations revealing some of the barriers and facilitators inherent to such processes. Given these promising initial findings and lessons learnt from the implementation process, CAT for rehabilitation of those involved in the criminal justice system could represent a promising approach to supporting individuals to overcome many of the psychosocial issues that

might underpin their substance misuse and the criminal behaviours associated with it. Further work is now underway to look at longer-term impacts of BFHJ on substance use, mental health, wider aspects of psychosocial functioning and reoffending, and also examine outcomes for prisoners accessing BFHJ compared to control comparisons accessing standard, non-digital treatments for substance misuse.

Keywords

implementation; computer assisted therapy; substance misuse; dual diagnosis; prisons

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