

Promoting mental health among young prisoners in Cambodia

Submission date 24/11/2022	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 28/11/2022	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 30/01/2023	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Prisoners are considered one of the most vulnerable populations to mental health problems and it has been reported that the prevalence of these problems is five to ten times higher among prisoners as compared to the general population in different international studies. The World Health Organization (WHO) has developed and recommended a life skills education (LSE) programme to promote mental health and social well-being among adolescents. This program has been implemented in many settings and has proved to be effective in reducing mental health among young prisoners in some international studies but none of them are from Cambodia. This study aimed to assess the effectiveness of a life skills education programme on mental health and life skills among young prisoners in Cambodia.

Who can participate?

Young male prisoners aged 15-24 years who were under appeal and convicted and remained in the prisons for a minimum period of 6 months after the pre-test

What does the study involve?

For all study participants, a breathing exercise was included. For those selected in the intervention group, a 6 weeks educational program was implemented.

What are the possible benefits and risks of participating?

The participants might have gained life skills and other social competencies to more effectively deal with daily life challenges happening in the prison setting such as peer pressure and bullying issue and thus contributing to reducing mental health problems. There were no potential risks for attending this intervention programme.

Where is the study run from?

The program was implemented in four prisons that were selected from a total of 24 prisons in Cambodia. Caritas Cambodia, an international NGO, was responsible for running the study.

When is the study starting and how long is it expected to run for?

October 2016 to May 2020

Who is funding the study?

1. Swedish Research Council (Sweden)
2. Caritas Cambodia (Cambodia)

Who is the main contact?

Puthy Pat, pat.puthy@umu.se

Contact information

Type(s)

Principal investigator

Contact name

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Additional identifiers

Clinical Trials Information System (CTIS)

Nil known

ClinicalTrials.gov (NCT)

Nil known

Protocol serial number

Nil known

Study information

Scientific Title

The effect of a life skills education programme on mental health and social competencies among young prisoners in Cambodia: an intervention study

Acronym

LSE-Prison

Study objectives

This study aimed to assess the effectiveness of a World Health Organisation recommended life skills education programme on the mental health and life skills competencies among young prisoners in Cambodia.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 20/01/2017, The National Ethics Committee for Health Research, Ministry of Health, Royal Government of Cambodia (#80, Sangkat Beoung Kok 2, Khan Toul Kork, Phnom Penh, Cambodia; +855 (0)23 880 345; nouthsarida@gmail.com), ref: N33NGCHR

Study design

Randomized controlled trial

Primary study design

Interventional

Study type(s)

Quality of life

Health condition(s) or problem(s) studied

Different types of mental health problems were assessed including anxiety/depression, withdrawal depression, somatic complaints, thought problems, social problems, rule-breaking behaviour, aggression, and attention deficit

Interventions

We randomly selected four prisons out of 24 prisons in the country. The participating young prisoners in each prison were randomly assigned to control and intervention groups using an online randomization process (<https://andrew.hedges.name/experiments/random/>).

All 412 participating young prisoners (both groups) received a stress-reducing intervention session on breathing exercise. The intervention included a 45-minute structured session to understand the stress of living away from families and being in prison, as well as how to relax using simple breathing techniques. This session was implemented by two facilitators with more than 5 years of experience in conducting workshops on effective stress management.

One week after the breathing technique sessions, the LSE programme was implemented in the intervention group over 6 consecutive weeks, each session lasting for approximately 90 minutes. The intervention group was divided into groups of 20 to 25 members to participate in each session. The following six modules were applied in the same order to the young prisoners in the intervention group in all four prisons: 'Coping with stress-facing challenges and problems,' 'Self-awareness – Relationship-dealing with anger,' 'Relationship-peer pressure,' 'Relationship-peer pressure – say 'No' to drugs and tobacco,' 'Self-awareness-self-esteem,' and 'Self-awareness-coping with stress-suicide.' The LSE sessions were facilitated by the first author and a member of the research team, who both have more than 10 years of experience in implementing LSE programmes in Cambodia. The recommended WHO LSE programme was previously used in the Cambodian school setting and the two members of the present study were also part of the intervention team in those schools. Each session included five steps: introduction to the topic, activities (role-play, group work, or games), discussion, summary, and activities that were assigned for the prisoners to do between the sessions. During the intervention sessions, less

time was allocated for writing activities due to the low level of literacy among the prisoners, so more time was spent on demonstrations, fun activities, and role-play to encourage active participation.

Intervention Type

Other

Primary outcome(s)

1. Mental health problems evaluated using the Youth Self-Report scale at pre and post-assessment
2. Life skills competence measured using the Life Skills Development – Adolescent Form scale at pre and post-assessment

Key secondary outcome(s)

There are no secondary outcome measures

Completion date

10/05/2022

Eligibility**Key inclusion criteria**

All young male prisoners from ages 15 to 24 in the four prisons who remained in the prisons for a minimum period of 6 months after the pre-test

Participant type(s)

Other

Healthy volunteers allowed

No

Age group

Mixed

Sex

Male

Total final enrolment

412

Key exclusion criteria

1. Female prisoners
2. Older than 25 years
3. Prisoners who remained in the prisons for less than 6 months after the pre-test

Date of first enrolment

19/02/2018

Date of final enrolment

26/11/2019

Locations

Countries of recruitment

Cambodia

Study participating centre

General Department of Prisons

275 Norodom Blvd

Phnom Penh

Cambodia

12010

Sponsor information

Organisation

Caritas Cambodia

Funder(s)

Funder type

Research council

Funder Name

Vetenskapsrådet

Alternative Name(s)

Swedish Research Council, VR

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

Sweden

Funder Name

Caritas Cambodia

Results and Publications

Individual participant data (IPD) sharing plan

The datasets analysed during the current study are not publicly available due to privacy and confidentiality reasons but are available from the corresponding author. Researchers should provide a methodological sound proposal and ethical approval. The request should be directed to Dr Puthy Pat (pat.puthy@umu.se) and the requestor will need to sign a data-access agreement.

- The type of data that will be shared: quantitative data set
- Dates of availability: Approximately one week after the reasonable request
- Whether consent from participants was required and obtained: Consent from participants was not required. Research team obtained consent from them to use it.
- Comments on data anonymization: The data is anonymous. No identity of the participants was shown as the codes were generated to represent each participant.
- Any ethical or legal restrictions: no restrictions

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		01/01/2023	30/01/2023	Yes	No
Other unpublished results			24/01/2023	No	No
Protocol file			25/11/2022	No	No