

# Engager: Evaluation of a collaborative care intervention for offenders

<b>Submission date</b> 03/02/2016	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 04/02/2016	<b>Overall study status</b> Completed	<input checked="" type="checkbox"/> Protocol
<b>Last Edited</b> 05/03/2024	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Mental health problems are very common in prisoners, both while in prison and following release. It has been found that more than half have a mental health problem of some kind, with many having two or more. While prison healthcare has improved in recent years, mental healthcare is minimal for many and care after leaving prison is particularly lacking for those with short sentences. Addressing prisoners' mental health problems could lead to considerable improvements to their health, the wellbeing of their families and communities, improved social inclusion, reduced reoffending, and associated financial benefits to society. The Engager collaborative care programme was developed to help prisoners with common mental health problems (such as anxiety, depression and post-traumatic stress disorder) near to and after their release. The aim of this study is assess the effectiveness of the Engager programme at helping men with common mental health problems as they approach being released from prison.

### Who can participate?

Men with a prison sentence of two years or less with between 4 and 20 weeks left to serve, who currently have mental health problems, or are likely to have such problems following release.

### What does the study involve?

Participants are randomly allocated to one of two groups. Those in the first group begin the Engager programme up to 16 weeks before they are due to be released from prison and for up to 12 weeks after their release. This involves working closely with an Engager practitioner in order to set goals and help the participants to connect with services in the community that can help them to achieve these goals. Those in the second group receive usual care for the remainder of their prison stay and when they are released. At the start of the study and then 1 week before release and 1, 3 and 6 months after release, participants complete a number of questionnaires in order to assess their mental health and where they are in life. Twelve months after release, participants are followed up so that the amount that have been sent back to prison can be recorded.

### What are the possible benefits and risks of participating?

Participants could potentially benefit from being able to manage anxieties and mood more effectively and improve contact with services after release from prison. There are no significant

risks of taking part, although some participants may find it distressing to think and talk about their past experiences.

Where is the study run from?

Two prisons and communities in the South West and one in the North West of England (UK)

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

December 2015 to December 2018

Who is funding the study?

National Institute for Health Research (UK)

Who is the main contact?

Dr Tim Kirkpatrick

tim.kirkpatrick@plymouth.ac.uk

## Contact information

**Type(s)**

Public

**Contact name**

Dr Tim Kirkpatrick

**Contact details**

International Teaching and Training Centre

N32

ITTC Building

1 Tamar Science Park

Davy Road

Plymouth

United Kingdom

PL6 8BX

## Additional identifiers

**Protocol serial number**

20205

## Study information

**Scientific Title**

Evaluation of a complex intervention (Engager) for prisoners with common mental health problem:

**Study objectives**

The aim of this study is to assess the effectiveness and cost effectiveness of the Engager intervention in addressing the well-being and unmet needs of offenders with common mental health problems who are serving short sentences.

**Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

Wales REC 3, 12/10/2015, ref: 15/WA/0314

## **Study design**

Randomised; Interventional; Design type: Treatment

## **Primary study design**

Interventional

## **Study type(s)**

Treatment

## **Health condition(s) or problem(s) studied**

Topic: Mental Health; Subtopic: All Diagnoses; Disease: Not Applicable

## **Interventions**

In the first phase of this study, a collaborative care intervention (Engager intervention) for prisoners with common mental health problems, near to and after release was developed. This study will look at the effectiveness of the Engager Intervention. The intervention aims to overcome a set of challenges that have been identified as being problematic for this group including:

1. Transition between prison and community
2. Fragmented services based on diagnosis (e.g. substance misuse, depression) and social problems (homelessness, unemployment) rather than the reality of people with multiple and complex needs
3. Offenders' reluctance to trust services (or see themselves as having mental health problems)

Participants are randomly allocated to one of two groups.

Group 1: Participants receive the Engager intervention following release from prison. The intervention is designed to engage with individuals with common mental health problems who are close to release and to set up on a pathway of care from 16 weeks pre-release (in preparation for discharge) and for up to 12 weeks out in the community. The intervention will be delivered by practitioners supported by a supervisor. They will be working with offenders both pre and post-release. This work will include:

1. Developing a shared understanding between the practitioner and the offender and producing a plan for achieving individualised goals
2. Actively liaising with relevant services to support need based on a shared plan
3. Working with offenders in preparation for the ending of support
4. A senior mental health worker with experience of therapeutic work will support our Engager Practitioners

Group 2: Participants receive standard care following release from prison.

The total length of the intervention varies, depending on how long they are in prison (between 4 and 16 weeks). The length of the community element of the intervention is flexible depending on the needs of individual participants, but is likely to be between 2 and 5 months. The maximum time any individual will receive the intervention is 9 months. Baseline assessments will be conducted at recruitment, and follow-up interviews will be collected at 1 week pre-release,

and then at approximately 1, 3, and 6 months post release. Reconviction data will be collected at 12 months post-release.

## **Intervention Type**

Other

## **Primary outcome(s)**

Psychological distress is measured using the CORE-OM at baseline, 3 and 6 months post release.

## **Key secondary outcome(s)**

1. Recidivism based on data from the Police National Computer (PNC) at 12 months post release
2. Assessment of subjective met and unmet need is measured using the Camberwell Assessment of Need – Forensic Version (CAN-FOR) - Adapted at baseline, 3 and 6 months post release
3. Change in objective social domains (accommodation, education, employment and benefits) is measured through interviews at baseline, 3 and 6 months post release
4. Service utilisation and helpfulness of services is measured using the Client Service Receipt Inventory (CSRI) - Adapted at baseline, 3 and 6 months post release
5. Health related quality of life... is measured using the EQ-5D-5L at baseline, 3 and 6 months post release
6. Well-being related quality of life is measured using the ICE-CAP-A at baseline, 3 and 6 months post release
7. Experience of care is measured using the Inspire questionnaire (Relationship section only) at baseline, 3 and 6 months post release
8. Drug and alcohol subjective dependence is measured using the Leeds Dependence Questionnaire at baseline, 3 and 6 months post release
9. Participant derived problems is measured using the PSYCHLOPS at baseline, 3 and 6 months post release
10. Hope, trust and motivation is measured using the Intermediate Outcomes Measurement Instrument (IOMI) at baseline, 3 and 6 months post release
11. Drug and alcohol use is measured using the Treatment Outcomes Profile - Adapted at baseline, 3 and 6 months post release

## **Completion date**

04/01/2019

## **Eligibility**

### **Key inclusion criteria**

1. Men with prison sentence of two years or less
2. Have between 20 and 4 weeks remaining to serve
3. Be identified using screening instruments as having, or likely to have following release, common mental health problems (e.g. depression, anxiety, PTSD)
4. Be willing to engage with treatment services and research procedures
5. Released to the geographical area of the study

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Total final enrolment**

280

**Key exclusion criteria**

1. Prisoners on remand
2. Women (numbers are smaller and resettlement needs are different; research procedures developed are not feasible for this context)
3. Have a serious and enduring mental disorder and/or under the prison in-reach team
4. Those with active suicidal intent requiring management under the safer custody process or prison in-reach team, and where the healthcare team managing the prisoner feel it would be detrimental

NOTE: Once risk levels reduce individuals in this group will be eligible if not excluded for another reason

5. Have a primary personality disorder who are on the caseload of the Offender Personality Disorder Pathway programme

6. Present a serious risk of harm to the researchers or intervention practitioners

NOTE: Co-morbid substance misuse and personality disorder are NOT exclusion criteria

**Date of first enrolment**

14/01/2016

**Date of final enrolment**

31/10/2017

**Locations****Countries of recruitment**

United Kingdom

England

**Study participating centre**

**Plymouth University Schools of Medicine and Dentistry**

N9 ITTC Building

Plymouth Science Park

Davy Road

Plymouth

United Kingdom

PL6 8BX

**Study participating centre**

**University of Manchester**  
Centre for Mental Health and Safety  
Institute of Brain, Behaviour and Mental Health  
2.315, Jean McFarlane Building  
Oxford Road  
Manchester  
United Kingdom  
M13 9PL

## Sponsor information

### Organisation

Devon Partnership NHS Trust

### ROR

<https://ror.org/04fkxrb51>

## Funder(s)

### Funder type

Government

### Funder Name

National Institute for Health Research

### Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

### Funding Body Type

Government organisation

### Funding Body Subtype

National government

### Location

United Kingdom

## Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are not expected to be made available.

## IPD sharing plan summary

Not expected to be made available

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		01/10/2022	05/03/2024	Yes	No
<a href="#">Results article</a>		18/08/2022	05/03/2024	Yes	No
<a href="#">Protocol article</a>	protocol	20/02/2018		Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Other publications</a>	results of a a cost-utility and cost-consequences analysis	05/08/2021	06/08/2021	Yes	No
<a href="#">Other publications</a>	process evaluation	14/07/2022	15/07/2022	Yes	No
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes