How Black Male Mental Health can be Adversely Affected by the Criminal Justice System in the UK: A Systematic Review

A DISSERTATION SUBMITTED FOR THE DEGREE OF XXX

Abstract

The study sought to perform a systematic review to thoroughly examine and synthesise available evidence on the detrimental impact of involvement in the criminal justice system on the mental health of Black males in the UK. To achieve this objective, six papers were identified via a systematic review. These articles were identified from PsychINFO, PubMED and SAGE Journals. All articles were found to be of high methodological rigour. The results indicate that the primary variables contributing to mental health issues among Black prisoners are both experiential and systemic. The experience of the us-versus-them dichotomy and inadequate representation engenders feelings of emptiness and isolation. There is also worry regarding race-driven indivisibility. The convicts perceived that their personal identity and agency were significantly compromised by experiences of racism, resulting in isolation and distress. In addition to this, additional systemic and societal factors contribute to mental health issues. Black inmates who experienced stigma for disclosing mental health concerns were more frequently labelled as dangerous and unpredictable. They were concerned that this might impede their ability to operate within the system. Staff members aware of their mental health issues may categorise them as "dangerous Black males" due to the increased perception of threat they may pose to others. In addition, societal concerns such as poverty, limited educational possibilities, unstable family structures, and the pressures of false bravado regarding mental health disorders were identified as significant challenges. An analysis of the available interventions indicates the existence of a certain degree of peer interaction, cultural sensitivity training, and cultural awareness. Improving cultural competence is crucial for delivering equitable support and care to individuals with mental health challenges. Cultural sensitivity training helps recognise potential protective factors and strengthen relationships within correctional institutions.

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Chapter One: Introduction

1.1. Introduction

The relationships among race, mental health, and the criminal justice system are a significant issue, especially for Black males in the UK. The disproportionate participation of Black males in the criminal justice system is an established occurrence, indicative of wider systemic disparities and institutional racism (Lammy Review, 2017). This narrative literature analysis will provide a thorough assessment of the mental health of Black men in the criminal justice system. The purpose of this chapter is to present the research background, research focus, rationale and the study research question. The chapter also identifies the study's aims and objectives and the structure of the proposed dissertation.

1.2. Research Aim

The study aims to conduct a systematic review to comprehensively analyse and synthesise existing research on how involvement in the criminal justice system adversely affects the mental health of Black males in the UK. Specifically, this review seeks to identify the prevalence and types of mental health issues and/or disorders experienced by this population, examine the contributing factors and systemic issues that exacerbate these mental health problems, and to evaluate the effectiveness of current interventions aimed at mitigating the adverse effects.

1.3. Definition of Terms

The concept of mental health and mental health illness needs to be defined. According to the World Health Organisation (WHO, 2018) mental health is considered as the overall wellbeing of the individual, focusing on their state of mind, feelings and emotions. Mental health is a state of psychological wellbeing that empowers individuals to manage life's challenges, recognise their potential, engage effectively in learning and work, and contribute meaningfully to their community (WHO, 2024). Mental illness or mental ill health can be conceptualised as a medical condition that affects their mental health. As WHO the 2024) concluded, mental ill health is an ongoing challenge in an individual's life and consists of thoughts, emotions and behaviours that can lead to distress. Mental ill health can include parameters like depression, anxiety, psychosis, schizophrenia, general anxiety or clinical

anxiety. The other core term that requires definition in this study is the concept of Black men. Black men are broadly identified as individuals who belong to the minority community and are of African or Caribbean descent (Smith, 2024). The notion of Black identity or Blackness is also defined in this research: Black identity is a political and social identity to reclaim challenges of inequity (Beyers, 2019).

1.4. Background

The challenge of inequity in access to mental health treatment by Black individuals within the general population is recognised in literature. According to Mind (2024), inequities within the minority community regarding access to treatment continue to be a challenge. Detention rates are high in Black communities for mental health issues. In 2023, Black men were 3.5 times more likely to be detained under the Mental Health Act than White people. Edbrooke-Childs and Patalay (2019) also identified that young Black people who access mental health services were more likely to be referred only through the youth justice and criminal justice system services rather than through voluntary routes like primary care. The challenge extends to early diagnosis. For example, Gutman et al. (2015) identified that Black African boys were three times more likely to suffer from a diagnosable mental health problem. Similarly, the Centre for Mental Health (2016) identified that by the time they are adults, members of the Black-Caribbean community are more likely to be diagnosed with psychosis, with a three-times greater risk ratio. The lack of identification could be associated with differences in expressing symptoms, including conflict with others and physical pain (Lu et al., 2017). It is possible that there is a lack of awareness of how Black men complain about mental health, which leads to delays in access to treatment pathways (Meechan et al., 2021).

According to Walmsley (2016), there are an estimated 11 million around the world in prison with a global prison population rate of 144 per 100,000. In England and Wales, there were 87,900 people in prison in 2024, of whom around 31,000 may have a mental health or wellbeing issue (Walmsley, 2016). According to Tyler et al. (2019), 30 per cent of the UK prison population has experienced clinical anxiety at any point in time. Bebbington et al. (2017) reported that other disorders like generalised anxiety (10%), phobias (11%) and panic disorders (5.5%) also exist. In an analysis of self-harm behaviour, the National Audit Office (2017) reported that a record high of 40,161 incidents occurred in 2016. In an assessment of reasons for mental health issues, Walmsley (2016) contended that people with mental health illnesses often do not receive support before incarceration, which leads to deviant and

criminal behaviour. Similarly, the Ministry of Justice (2016) contended that people are spending longer periods in prison, from an average of 8.1 months in 1999 to 16 months by 2015. The length of stay could contribute to more mental health problems. The lack of support within prisons could also lead to longer sentences for Black men when compared to those charged with the same crime (McPherson, 2008).

According to the UK Parliament (2021) report, there is a lack of clarity on the nature of mental health in UK prisons. Diverse reports and statistics from other agencies are identified. The Centre for Mental Health (2021) concluded that most prisoners have more than one vulnerability and may have multiple mental health needs. The report also contended that the types of vulnerability that exist in prison would be much greater than those that exist within the general population. The inability of the system to handle this evolving challenge is identified in multiple reports. For example, in its report on mental health in prisons, the National Audit Office (NAO, 2017) indicated that there is limited information regarding the number of people who may have mental health problems and the amount spent by the government to address these issues. Therefore, as the NAO (2017) reported, there are challenges in understanding the baseline of the problem and what parameters are required to address these issues. Another report by the Ministry of Justice (2021) acknowledged that less time is spent on addressing prisoners' mental health needs. The written evidence argued that targeted mental health indicators as set by the NHS were limited. The Ministry also highlighted that while there can be ongoing challenges linked to mental health in association with the criminal justice system, actual assessment only takes place at the time of reception into the prison. Another challenge that should be recognised is that across prisons in the UK there is diversity in the definition of care and assessment of the complex needs of prisoners, and a lack of compatible IT systems to share these data (UK Parliament, 2021).

HM Inspectorate of Prisons (2021) also identified that prison mental health treatment was not adequate and that a lack of specificity in service need, challenges with labour support for mental health in prisons, and an inability to provide access to diverse treatment options due to the prison regime created problems with treatment. In particular, inequity in the prevalence of mental health challenges is evident. In their report, the Inspectorate findings showed a significant increase in mental health problems in men. They found that while 43 per cent reported mental health problems in 2018/19, this had increased to 52 per cent by 2020/21 (Figure 1 below). Though actual data by race were not available, HM Inspectorate of Prisons

(2021) also concluded that members of minority communities were prone to higher incidence of mental health care needs within prisons.

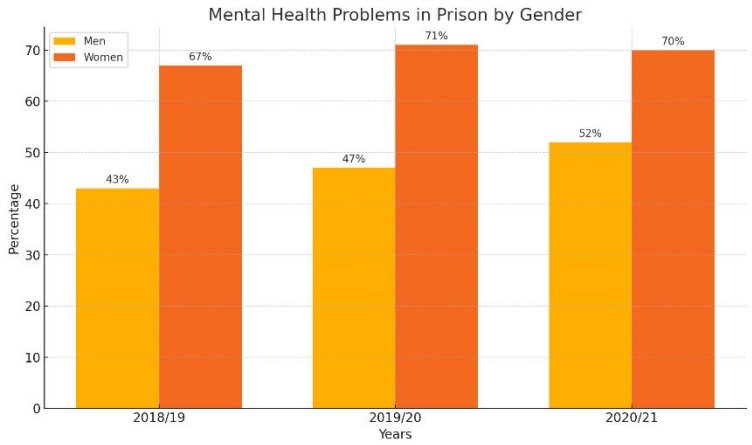

Figure 1. Mental health problems by gender (HM Inspectorate of Prisons, 2021)

The UK Parliament (2021) also identified infrastructural issues like limited suitability of therapeutic spaces to offer treatment and support. The need for oversight and more evaluation is acknowledged. For example, the evidence by Department for Health and Social Care (2021) submitted to Parliament acknowledged the benefits of a needs analysis which would assess mental health needs within prisons, identifying the profile of mental health issues, psychological challenges and trauma. A core conclusion arrived at in the UK Parliament (2021) report was that while there are significant improvements in prison mental health care, there remain unmet needs, especially in the terms of disparities across gender or race. Therefore, understanding how such support can be given to Black men who come into contact with the criminal justice system can help to reduce the gap in the current knowledge base.

1.5. Research Focus

Only 3 per cent of the UK population identifies as Black, although they make up 13 per cent of the prison population (Ministry of Justice, 2020). There is more at play here than just crime statistics. It shows that racial biases are pervasive and present in the criminal justice system at large, from the time of arrest and police work through sentencing and prison (Phillips & Bowling, 2017). Socioeconomic variables like poverty, education level and employment position amplify the already existing disparity between Black and White people, as pointed out by the Lammy Review (2017). This disparity is especially severe for Black

men. Incarceration has significant negative impacts on mental health, and there is a close association between involvement with the criminal justice system and mental health. As Williams and Mohammed (2009) pointed out, Black men face racial discrimination both within and outside prison walls, which can exacerbate various mental health issues. There is substantial evidence that racial discrimination is associated with negative mental health consequences. Racial profiling, discriminatory sentencing and disparate treatment by law enforcement all add stress and vulnerability to Black men's lives (Williams & Mohammed, 2009). Pieterse et al. (2012) found that people who experience chronic stress are more likely to suffer from mental health issues such as anxiety, depression and post-traumatic stress disorder. In many cases, the difficulties of reintegration into society and the stigmatisation of incarceration make these mental health concerns even worse, creating a vicious cycle of disadvantage and psychological suffering (Wildeman & Muller, 2012). People who have never been to therapy or tried other forms of alternative intervention are at a higher risk of reoffending due to the lack of support available to them after release from these communities (Pager, 2003).

Given the significant impact of the criminal justice system on the mental health of Black males, there is a pressing need for effective interventions. However, existing interventions often fail to address the specific needs of Black males or are not accessible to them due to systemic barriers (Ward & Brown, 2015). Culturally sensitive interventions that consider the unique experiences of Black males, including their experiences of racism and discrimination, are crucial. Such interventions should be designed to address both the immediate mental health needs of individuals involved in the criminal justice system and the broader systemic issues that contribute to their overrepresentation in the system (Vandergrift & Christopher, 2021). Despite the need for these interventions, there is limited research understanding existing mental health challenges, available interventions and proposed areas of intervention.

1.6. Theoretical Framework

The theoretical framework of this research rests with two important elements: critical race theory and intersectionality theory. The Marmot Review (2020) acknowledged that there has been limited reduction in health inequalities in the UK, with the concern that some inequalities have widened. The widening of these inequalities has given rise to the need for more research on the subject. One theory that was proposed is the use of intersectionality. Intersectionality was proposed as a theory by Crenshaw (2021), who argued that the existence

of social forces, identity and ideological instruments led to power differentials and disadvantages. The core focuses of the theory of intersectionality are the needs to target structural factors or social determinants of health, to address discrimination across diverse axes of inequality and to focus on equitable power dynamics within communities. Intersectionality is essential as it considers and assesses the intersections between diverse parameters like ethnicity, socioeconomics, gender, disability and sexual orientation. An intersectionality-based framework like the policy analysis approach can be useful for policymakers. The intersectionality-based policy analysis framework will set out policy-based frameworks that help support healthcare solutions at the national level (Hankivsky et al., 2014). According to Holman et al. (2021), though there has been a strong theoretical rationale to enhance intersectionality within public health research, there remain challenges in translating these theoretical concepts into practical health-related interventional research. In this dissertation, the intersectional approach can be used to address how gendered racial identity may impact mental health and self-concept. It can also help acknowledge the unique challenges that Black men may face when navigating overlapping forms of discrimination.

The second theory considered is critical race theory. Critical race theory has been used by multiple authors to discuss the relationship between mental health care and power differentials that may exist within the society. Critical race theory (CRT) centres on the role of race and racism in influencing individuals of colour (Delgado & Stefanic, 2022). This theory has four important themes, including the prevalence of racism within the society, the need to improve the voice of minorities, understanding the notion of intersectionality, and ensuring that there is convergence of interests. According to Delgado and Stefanic (2022), in the context of race and mental health wellbeing, it is important to emphasise the use of counter-narratives by giving voice to Black individuals. This voice can provide storytelling opportunities to decentre whiteness and challenge the eurocentric paradigm of knowledge. Similarly, it is important to enhance interest convergence. Interest convergence includes understanding how policies and provisions to address health disparities will address diverse stakeholder groups (Fripp & Adams, 2022). Through interest convergence and intersectionality, it is possible to tailor healthcare policies that can address the challenges of various fields like race, gender and income class (Manner & Malcoe, 2022). In this dissertation, critical race theory and intersectionality theory are employed to help understand the key implications that may arise if Black men are given a storytelling voice and to

determine if intersection and interest convergence-based policies are present to tailor mental health support to these men.

1.7. Research Questions

1) What are the underlying factors contributing to the prevalence of mental health issues among Black males within the criminal justice system?
2) Does the support provided by these institutions adequately address the identified mental health needs of Black males?

1.8. Research Structure

This research is organised in five chapters. Chapter Two presents the methodology of the study while Chapter 3 identifies the research findings. Chapter Four presents a discussion of these findings in line with broader literature. Chapter Five concludes the study focusing on the study implications, recommendations and future research directions.

Chapter Two: Methodology

2.1. Introduction

A systematic review is a thorough and methodical examination of previous studies on a particular subject. It entails recognising, choosing and evaluating various studies that satisfy established inclusion criteria (Khan et al., 2003). The objective of a systematic examination is to consolidate existing evidence and deliver an impartial and dependable evaluation of the present state of knowledge (Aromataris & Pearson, 2014). Systematic reviews condense research papers to assist healthcare practitioners in making evidence-based decisions. They enable experts to assess the efficacy of potential interventions that are grounded in available evidence (Tawfik et al., 2019). Systematic reviews elucidate deficiencies in the literature, highlighting domains in need of additional investigation. This can help researchers in their formulation of new studies to tackle unresolved enquiries and enhance the progression of knowledge in the field.

In this research, a systematic review approach is relevant as it evaluates existing evidence on the experiences of Black men and their interaction with the criminal justice system to better understand how it influences their overall mental health. Wright et al.'s (2007) definition of a systematic review is used in this study, whereby such a review is characterised as the evaluation of evidence addressing a clearly defined subject (the mental health of Black men who interact with the criminal justice system) while employing systematic and explicit methodologies to find, select and critically evaluate pertinent research, and to extract and analyse data. Through this analysis, the researcher attempts to define current status of mental healthcare, existing gaps in the system, and the type of systemic or social factors influencing the mental health of Black men.

2.2. Developing the Research Question

According to Harris et al. (2014), a logical, well-defined and clear research question which uses PICO, PEO or SPIDER is required to set the boundaries of a systematic review. The use of PEO is preferred in this dissertation, focusing on the population, exposure and outcomes. PEO can be useful as it helps define the population (Black men interacting with the criminal justice system) while emphasising the exposure (environmental, social and system-level issues) and the outcomes (impact on mental health). PEO is useful for a narrative systematic review as it helps extend beyond causality to understand the experiences and challenges of

the target group of participants. Therefore, the following research question can be characterised as independent PEO elements. This research question combines the core elements highlighted in Chapter 1,

What are the underlying factors contributing to the prevalence of mental health issues among Black men interacting with the criminal justice system and to what extent do the support systems provided by these institutions adequately address their mental health needs?

Table 1. PEO elements

Population (P)	Black men interacting with the criminal justice system
Exposure (E)	Underlying factors contributing to mental health issues, such as environmental-, social- and system-level issues.
Outcome (O)	Prevalence of mental health issues among Black men and the adequacy of support systems provided by these institutions to address their mental health needs.

2.3. Search Terminology

According to Bettany-Saltikov and McSherry (2024), any search that is conducted needs to be extensive to ensure that all relevant studies are included. However, it is important to balance comprehensiveness with relevance. Therefore, identification of the right terminology is important. Cochrane (2024) indicates the use of controlled vocabulary and text words to conduct a search. The search is carried out by identifying synonyms and alternative words (e.g. words with diverse spelling conventions). Additionally, the search will use connector words (AND, OR) to find the search outcomes. In the following table, the search terminology that is used to address the PEO elements is highlighted.

Table 2. Search terminology

PEO element	Search terms
Population (P)	("Black men" OR "men of African descent" OR "men of Caribbean descent) AND ("criminal justice system" OR "prison" OR "incarceration" OR "correctional facilities")
Exposure (E)	("mental health issues" OR "mental illness" OR "psychological disorders") AND ("environmental factors" OR "social determinants" OR "systemic factors" OR "structural racism" OR "institutional barriers")

Outcome (O)	("prevalence" OR "incidence") AND ("support systems" OR "mental health services" OR "institutional support") AND ("effectiveness" OR "adequacy" OR "addressing needs")

2.4. Search Databases

According to Bettany-Saltikov and McSherry (2024), it is important that in a narrative systematic review, there is both search and research of the literature. This involves conducting iterative searches within specific databases through keywords to identify relevant outcomes. The choice of database is directly related to the nature of study outcomes. The first database that this dissertation has considered is the use of PubMed. PubMed is chosen as the database has access to a vast collection of journals focusing on mental health and the intersectionality of race and health and has tools to refine the search terminology (Canes & Weis, 2013). The second database considered is PsycINFO. The PsycINFO database is managed by the American Psychological Association and has journals that specialise in psychology and behavioural science. This database has advanced search options which allows filtering, including race and gender, which was useful in targeting the studies (University of Bath, 2023). Sage Journals was also used as a target database as it offers extensive resources in social sciences, including criminal justice, sociology and psychology. It also has open access journals and resources. There is evidence of interdisciplinary research connecting to mental health. Apart from these peer-reviewed databases, the dissertation also focuses on the official UK government database (UK Government, 2024) to gather published reports by the various departments associated with the government. These reports can provide contextual data on current prevalence rates and epidemiological data associated with mental health challenges faced by Black men.

If an article was not accessible through the university database, other websites like ResearchGate and Academia.edu were considered to identify direct full-text options. Furthermore, to improve the relevance of articles included in the study, a full hand search was carried out. According to Hinde and Spackman (2015), it is also important to consider citation searching in key articles, which can help expand access to relevant articles that could be included in the review. Alongside a citation search, citation tracking was carried out. This involved searching for the article on Google Scholar and examining the 'cited by' function to

identify other relevant articles that have used the original article as a source. This approach aimed to improve the number of articles meeting the search criteria.

2.5. Inclusion and Exclusion Criteria

Inclusion and exclusion criteria help to narrow down the studies identified through the search process (Cochrane, 2024). Inclusion criteria identify characteristics of the studies that have to be included and that can help improve the precision of the study. Similarly, exclusion criteria help define the limitations or boundaries that would make a study ineligible (Harris et al., 2014). The criteria that are considered are categorised on the basis of type of study, participants, interventions and outcome measures. The table below summarises the inclusion and exclusion criteria of the study.

Table 3. Inclusion and exclusion criteria

Criteria	Inclusion	Exclusion
Type of Study	Primary research, qualitative or quantitative research	Opinion and editorial pieces
	Systematic reviews	Studies with no methodological clarity
	Case studies, government publications	Studies in languages other than English
Participants	Black men including adolescents and young men (age 13 and above)	Studies focusing on non-Black population
	Individuals who are currently in prison, who have been released from prison, who have contact with police/criminal justice system	Studies focusing on Black women
Interventions/Exposures	Social and systemic factors influencing mental health	Studies that do not identify mental health-related outcomes
	Access to mental health services	Interventions that focus on physical health or other outcomes
Outcome measures	Mental health issues	Physical health, training or job-related outcomes
	System support for mental health issues	Studies with no relevance to PEO
Location	Studies from UK	Studies from other countries

2.6. Screening

According to Khan et al. (2003), at least two databases have to be searched to enhance the comprehensiveness of results. In this study, the search outcomes from the three databases are collected in a single MS Excel sheet. Duplicate data were removed by identifying studies that had the same title and author, published in the same journal and the same year. The articles left once this step was completed were organised into author's name, publication year, URL link and DOI.

After this initial screening was carried out, the next step was the secondary screening. At this stage, the articles were critically appraised. Critical appraisal checklists are useful at this stage. The quality assessment process involves conducting a critical appraisal. The role of critical appraisal in systematic reviews is to improve credibility and quality and to address the strengths and weaknesses of the studies. According to Tod et al. (2021), a well-executed critical assessment is not an unconscious random process, but rather an explicitly organised one. Evaluating a study's methodological, ethical and theoretical quality is an important part of the review process, which is made better by the reviewer's experience in conducting and reading research. The use of critical review helps to enhance the credibility of the research and reduce personal bias by using an appraisal checklist. In this research, the JBI critical appraisal tools (JBI, 2024) are preferred over the CASP tools (CASP, 2018). The rationale for using JBI (2024) is that it includes qualitative studies, case studies and cross-sectional studies. This tool is strong for qualitative evidence synthesis, as it can help to evaluate context adequately and identify strengths and weaknesses in relevance to the chosen research method.

2.7. Synthesis of Research

A textual narrative synthesis methodology is used in the current study. As a method, textual narrative synthesis classifies studies into more consistent categories. It is helpful in combining many forms of data, including quantitative, qualitative and economic outcomes (Lucas et al., 2007). When comparing studies, it is common practice to report their context, quality, conclusions and research characteristics using a uniform format. It is also possible to create structured summaries that provide more information and context for the extracted data (Harden et al., 2004). In this research, the use of a textual narrative is effective as it provides insights into the methodological rigour of the studies included in the review. Additionally, thematic analysis is carried out to combine the findings across different outcomes. A three-stage thematic analysis is adopted in this research. The text coding of papers is the first step.

In this step, the chosen articles, especially the methodology, findings and discussion sections, are evaluated to identify key codes or themes. The second step, which is closely related to the first, is to generate descriptive themes from the included research. At this stage, core themes linked to the exposure and outcome expectations in relation to the core research question are identified. In the third and last stage, analysis, researchers expand upon the study findings by formulating novel theories, explanations and interpretations (Pursell & Gould, 2021)

2.8. Bias

When conclusions or outcomes are consistently skewed, we say that there is bias. Under- or overestimation of the actual intervention effect might occur as a result of bias, which can affect the outcomes of any study (Tricco et al., 2018). It is important to make sure that when evaluating the studies there is no underestimation or over estimation of the study outcomes. The selection of studies, the collection and extraction of data, and the drawing of conclusions are all susceptible to bias. Some biases are minor and have little impact, while others are large enough to make it seem that a finding could be due only to bias (Tricco et al., 2018). This study assesses the effects of reporting bias and selection bias. The problem of selection bias arises if the chosen sample does not accurately reflect the entire population. Minimising the chances of selection bias is possible with properly randomised samples (Whiting et al., 2016).In this research this bias was overcome by ensuring that studies are included only if they define the number of Black men who take part in the study. Many studies include minority prisoners as part of their sample. However, this research intends to make sure that at least one Black prisoner and his views are represented in the study to ensure that the core research question is answered. There is a common occurrence of reporting bias in article reviews, this being defined as a systematic disparity between reported and unreported findings. A reviewer's preconceived notions about the quality of a certain article's findings constitute reporting bias (Whiting et al., 2016). Reporting bias is overcome by conducting the search on two separate days to ensure that there is no loss of oversight. Similarly, both government databases as well as peer reviewed research databases are used to ensure that diversity in representation exists when it comes to selecting the most relevant articles for the research.

2.9. Article Selection

This section identifies the total number of articles that were found through the search process. In PsycINFO and PubMed, the complete search string could be used. A total of 135 articles on PubMed and four on PsycINFO were identified. In Sage Journals, if the search

terminology was used in full, more than 14,000 articles were identified. Therefore, to simplify the search, a simpler search terminology focusing on Black men, mental health issues and prison or the criminal justice system was chosen. According to Khan et al. (2003), in some databases, the simplification of search terminology can yield better results. This simplification led to a total of 16 articles that were included in the review. Therefore, the initial search resulted in a total of 153 articles.

The following PRISMA chart identifies the stepwise assessment of these studies. It was discovered that when the abstracts were scanned to determine studies that focused on Black men or men from minority groups (including Black men) specifically, the total number of articles reduced to 43. The number was further reduced when the search was restricted to reporting on mental health during or after incarceration and articles in the UK. One article was identified through hand searching of the UK government database. Therefore, a final list of six articles were included in the review.

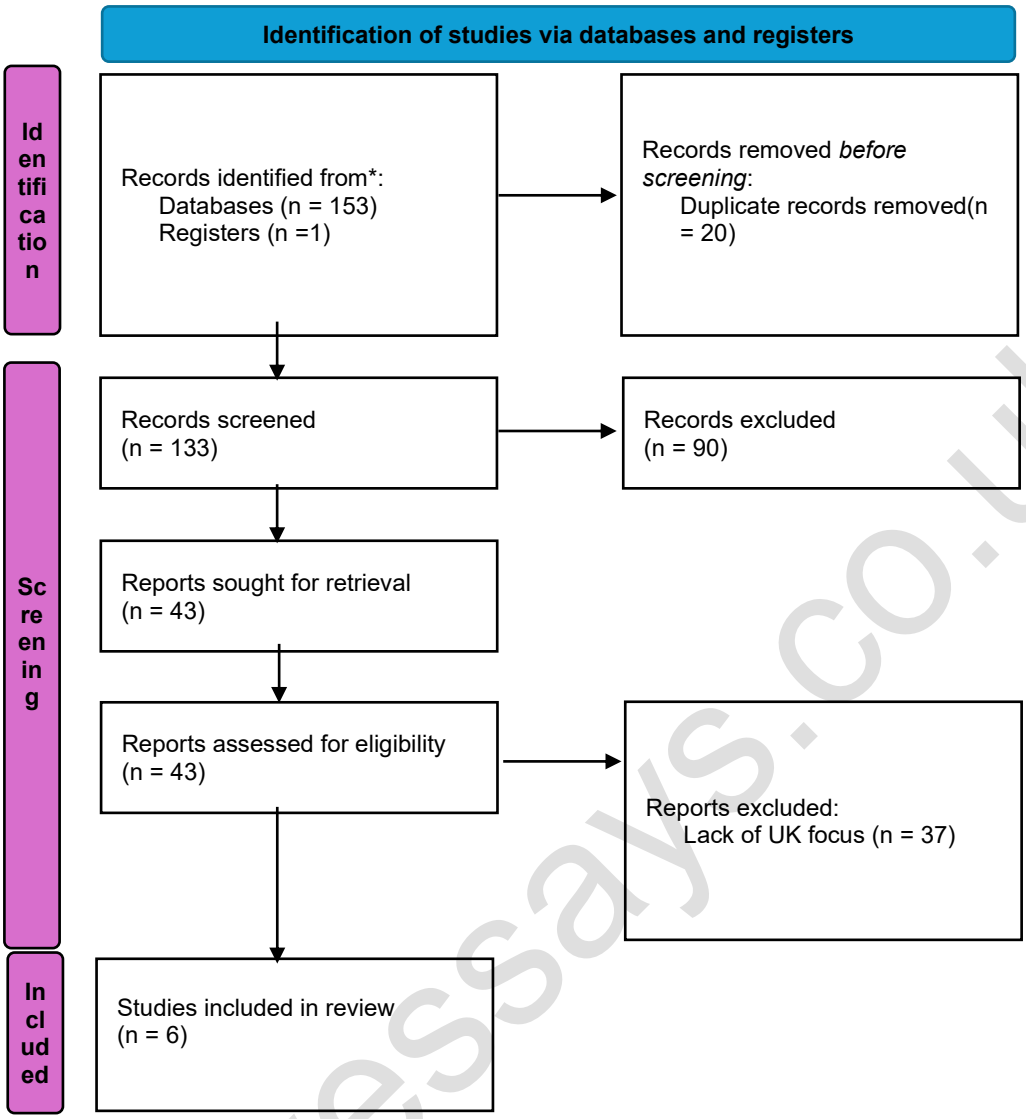

Figure 2. PRISMA chart

Chapter Three: Findings

3.1. Introduction

The purpose of this chapter is to present the study findings. The chapter presents a summary of the studies identified through this research while highlighting core themes which can help answer the research question.

3.2. Empirical Evidence from UK

Six studies from the UK met the inclusion and exclusion criteria and are included in this study. The core themes recognised from these studies are identified in the following section. Table 4 summarises the findings of these studies. The table identifies the aim, target prison, methodology, core findings and key themes that are relevant to the current research.

Table 4. Summary of studies

Author	Aim	Methodology	Participants	Location	Findings	Key themes relevant to research
Jones et al. (2013)	To seek an understanding of how the custodial therapeutic environment is able to meet the needs of diverse prisoners, including those from minority groups.	Qualitative research using semi-structured interviews	A total of eight randomly selected Black or minority prisoners took part in the study. Of these, four identified as Black. Prisoners were chosen to take part in the interview if they had engaged in therapy for a minimum of 12 months.	HMP Grendon	The results identified some important experiences linked to mental health support. Overall, the prisoners acknowledged that there is limited cultural sensitivity within the therapeutic process. The lack of awareness and understanding of the unique needs of Black prisoners, limitations in response to Black experiences, limited therapy integration of cultural values and low cultural competency are highlighted.	Feeling of marginalisation, evidence of a white middle-class prison system, lack of opportunities to express emotions and lack of overall belonging causing a sense of isolation and mental health needs.
Hunter et al. (2019)	To evaluate the relevance of an offender personality disorder (OPD) pathway targeting minority populations within the prison system.	Qualitative research using semi-structured interviews	Eleven members of the Black and minority community. A total of six Caribbean Black and three Africans were included in the sample.	Youth offender institution	Three main themes and subthemes emerged from the thematic analysis. The first theme was understanding why the prisoner may be considered a potential outcast. This theme explains the difficulties participants had in participating within the programme. The second and third themes, referred to as 'everything but respect' and 'give it a go', detail how they managed to overcome those difficulties. Disadvantages centred on feelings of condemnation, estrangement, and despair. The development of	Feelings of judgement, isolation, alienation, hopelessness, and different treatment from White offenders.

					connections with personnel, the ability to regulate levels of participation, and the support of peers helped overcome these challenges and were considered key to culturally sensitive treatment options.	
Chistyakova et al. (2018)	To identify the experience of minority nations and foreign national prisoners regarding support given in prison. In particular, the study intended to identify if specific needs of prisoners were met and if the prison system is responding to prisoner needs in line with the Equality Act (2010).	Semi-structured interviews using a qualitative research methodology	English northern prison	A total of thirteen minority prisoners were included. Of these, two identified as being of Caribbean descent and two as of African descent.	The study showed that race continues to be an important challenge when gaining support within the prison setting. There is evidence of disempowerment as highlighted by prisoners. In particular, there is a concern that their complaints are not heard. The core mental health impact is attributed to isolation and uncertainty, fear of deportation, limited contact with families, language, and cultural barriers.	Experience of both overt and subtle racism, lack of respect, isolation-driven hopelessness and mental health impact, cultural invisibility, and lack of support for complaints. This lack of support makes them feel as though they do not matter, contributing to helplessness.
Brookes et al. (2012)	To evaluate the experience of Black prisoners and understand their perspective on support given within a therapeutic prison.	Qualitative research, semi-structured interviews	Eleven prisoners took part in the study. All of them were Black.	HMP Grendon	While the majority of inmates who took part in this study were comfortable with their roles and responsibilities inside the TC at Grendon, a small number of them did face challenges due to cultural bias and a lack of knowledge of Black male social realities. Some people felt even more alienated and alone as a result of the regime's rejection of their cultural traditions, which put them in	Isolation, hopelessness, low cultural sensitivity, loss of cultural identity leading to anxiety, suppression of identity and feeling invisible.

					the minority both numerically and ideologically. Additionally, these men were members of many street, cultural, and prison communities, each with its own unique language. Within Grendon, they had difficulty understanding the language of power and authority. In interviews, Black inmates voiced a desire to join a prison community that reflected their own cultural diversity. One issue that may discourage some Black males from choosing Grendon is the prison's disproportionately White population. Because of the stereotypes associated with the terms "yardie", "gangster" and "thug", Black inmates may and do choose to downplay certain aspects of their cultural identity.	
Wilson (2004)	To evaluate the perspective of Black men and give them a voice about being Black and in custody.	Qualitative unstructured interviews	Forty-five respondents took part in the study. Of these, thirty-four were Black.	Young offender institutions	The reality of prison life forces young Black men to adopt a method they have used while dealing with the police to handle prison life. This tactic, which they call "the Game", requires them to act in one of two ways: either silent or completely insane. This goes beyond the regular racial complaint and monitoring processes at the Prison Service.	Overt racism, unfair treatment by officers, sense of othering and different rules for young Black men, feeling of being silenced, leading to frustration and anxiety.
HMIP (2022)	To conduct an evaluation of adult Black male prisoners.	Semi-structured interviews and focus groups supporting qualitative methodology	One hundred respondents, all of them Black.	Across seven prisons in England and Wales	Recorded rates of self-harm and self-inflicted mortality are lower among Black inmates compared to other ethnic groups. Additionally, fewer Black inmates report having mental health issues. A lot of Black inmates were proud of how resilient they were, but this had become an unhealthy cultural norm in some places. It perpetuated the belief among staff that Black inmates did not require assistance and made it	Experience of racial bias and being judged, treated differently and lack of support, feeling of disconnection, lack of trust in prison staff to give mental health support.

					difficult for individuals struggling to ask for help when they needed it. Additionally, Black inmates were hesitant to disclose mental health issues due to the social stigma that surrounded these issues in their communities. In most cases, inmates reported that hobbies helped them deal with stress by providing a distraction, a sense of purpose, or both. They were worried that staff or other inmates may take advantage of their mental health issues if they disclosed the condition, and they did not trust the staff to maintain secrecy. Some people worried that if they spoke openly about their struggles, others would label them as "dangerous Black men" and treat them even more unfairly, making them feel even more vulnerable.	

3.3. Experiences with Criminal Justice System Contributing to Mental Health Issues

Us versus Them

There is evidence of loss of power and binary opposition to being an incarcerated Black man. For example, Brookes et al. (2012) acknowledged that as a minority within the prison, a kind of power struggle develops amongst prisoners. This power struggle creates a sense of hopelessness, which acts as a barrier to any rehabilitation activities, including steps to improve mental health.

Chistyakova et al. (2018) also identified evidence of racist behaviour by other prisoners. One prisoner interviewed in their study indicated that the racism was not overtly evident in the form of physical or verbal abuse; however, he felt that there was a 'sense of it' within the prison which made them feel ‘on guard’ all the time. This created an additional mental load and stress and amplified their vulnerability. The ‘us versus them’ mentality also extended to access to services and facilities within the prison (Chistyakova et al., 2018). Some prisoners believed that they were given restricted access to visits, work or education as a result of their ethnicity. They felt frustrated and were anxious about being able to perform meaningful tasks while being incarcerated.

Hunter et al. (2019) also identified a sense of isolation and associated hopelessness. Similar to the views of Brookes et al. (2012), the prisoners in this study felt that they are the minority within the 'four walls', which made them more vulnerable. Interestingly, the sense of ‘us versus them’ extended beyond simple incarceration to engaging with support within the personality disorder pathway. This sense of isolation led to feeling like an outcast and being unwilling to engage with treatment options.

The sense of ‘us versus them’ also extended beyond the prison walls. The participants in Brookes et al. (2012) believed that avoiding recidivism was a challenge. Some prisoners presented the problem of loss. For example, one prisoner felt that many of their own family and associates had been killed on the streets and they had limited opportunities to mourn the loss. In this context, re-entering the community without additional support. can be a challenge The prisoner acknowledged that the growing loss of friends and family created hopelessness and an inability to escape the cycle in which they were trapped. Another prisoner indicated that the only known ecosystem that they could be part of was the 'ghetto' and the challenge of escaping systemic violence was very real. Little acknowledgement of their psychological

function within the community by the prison authorities is an indicator of the 'us versus them' mentality.

Isolation and Race-driven Invisibility

In Brookes et al. (2012), a prisoner acknowledged that there was in-grouping based on race, which led to a sense of isolation and invisibility. This isolation led to anxiety and identity questioning which sometimes brought on depression. Chistyakova et al. (2018) also recognised this isolation. The Black prisoners interviewed by the authors indicated that even within minority communities there are smaller groups, which leads to being forced to live in isolation. Chistyakova et al. (2018) also talk about cultural invisibility. Though all prisoners felt that their complaints were not addressed, the experience was worse for Black men. The lack of officers of colour within the prison system was considered a factor contributing to this invisibility.

The participants in the study by Brookes et al. (2012) also identified an invisibility within the criminal justice system that worsens their experience. Black prisoners interviewed by the authors indicated that they experienced invisibility with respect to food provision (no cultural food), lack of reading materials and lack of diversity in staffing. This made them feel that their racial and cultural identity was eroded. The state of affairs led to some prisoners supressing their cultural and racial identities, which created a sense of resentment and inner tension, leading to anxiety. Minority prisoners interviewed by Chistyakova et al. (2018) acknowledged that the challenges are worse for first-time prisoners and prisoners with mental health issues as a result of their own racial identity. The culture and ethnicity make them more vulnerable than British non-BAME prisoners. The Black prisoners are often forced to suppress their racial identities and cultural practices within prisons as they do not want to stand out (Chistyakova et al., 2018).

Hunter et al. (2019) also recognised that as a minority prisoner, there is a feeling of lack of belonging or inclusion within the prisoner support pathway. Black prisoners felt that they could not 'be themselves', which in turn suppressed their cultural identities. This was linked to an experience of judgement and alienation by those who were supposed to give them mental health support.

3.4. Individual, Societal and Systemic Factors Contributing to Low Help-Seeking for Mental Health

Individual and Societal Factors

The evidence of childhood trauma or negative experiences contributing to mental health challenges are recognised in Brookes et al. (2012). There were many young Black men interviewed in their study who felt they were rootless, with no sense of security. A few prisoners openly acknowledged that the experience of racism and family trauma and abuse pushed young Black men into a culture of violence. The prevalence of childhood trauma and lack of early mental health support, acting as predictors of a life of violence or crime, was recognised in the study.

Compared to inmates of other ethnicities, Black inmates were less likely to report having multiple weaknesses in the study by HM Chief Inspector of Prisons (HMIP, 2022). Black prisoners were far less likely to indicate mental health issues (29% vs. 50% overall), disabilities (25% vs. 38%) and drug problems (14% vs. 28%) at reception within the prison. HMIP (2022) indicated that the reluctance to report mental health challenges is linked to familial and individual stigma. Black prisoners feel that it is less acceptable to be open about mental health difficulties. They put pressure on themselves to meet cultural norms regarding anxiety. There is a sense of pride associated with false bravado and an unwillingness to acknowledge psychological insecurity. This insecurity is related to their families and immediate community perceiving mental health challenges as shameful (HMIP, 2022).

Systemic Factors

One of the most important systemic factors is the problem of stigma. According to HMIP (2022), stigma extends beyond the members of their family and community to include staff personnel, too. Within the prison system, there were some Black prisoners who believed that admitting to having mental health concerns would further confirm the idea that they were dangerous and volatile. They feared that this would have a negative influence on their existence within the system. Those members of staff who were aware of the psychological issues that they were experiencing would most likely classify them as ‘dangerous Black males’ due to the increased perceived threat that they gave off. The authors provide several concrete examples that illustrate this stereotyping. Several African-American detainees, for instance, expressed their concern that the hefty medication administered to inmates in the jail, particularly through depot injections, was the reason why no one in their group had sought care for mental health issues. Concerns were raised regarding the possibility that their

requirements would be regarded as different from those of other individuals who struggle with mental health issues (HMIP, 2022).

Not only did Brookes et al. (2012) identify the impact of social circumstances as a gateway to incarceration, but they also identified the contribution of social circumstances to mental health problems. Some of the inmates who participated in the research project indicated the existence of a 'code of the streets', characterised by the belief that a subculture of violence was necessary for 'street manhood'. Within this culture, expressing vulnerabilities was considered a cultural taboo. The report by HMIP (2022), in which mental health and wellbeing were judged to be a 'cultural taboo', lends credence to this viewpoint. Black people believed that their predecessors had endured more difficult circumstances and that they should not whine about the things that they have experienced. Brookes et al. (2012) showed that this is the result of a combination of factors, including poverty, racial discrimination and social isolation, all of which are made worse by the absence of assistance.

In a similar vein, Hunter et al. (2019) pointed out that racial prejudice against Black prisoners and other members of minority groups is a consequence of systemic causes. Such statements suggest that the services that are offered within the confines of the jail are specifically designed to meet the requirements of White prisoners. The absence of translator help for activities pertaining to mental health and wellbeing was an excellent example that was recognised. The authors acknowledged that there was a dearth of awareness among staff members regarding the specific requirements of minority inmates. In a similar vein, Jones et al. (2013) stated that Black inmates experience a sense of marginalisation as a consequence of a prison system that portrays itself as 'White middle class', thus isolating them from other treatment alternatives for mental health and wellness. In addition, the HMIP (2022) report identified the lack of trust within the system. It was the perception of Black convicts that White prisoners were more likely to see their grievances taken seriously. Certain inmates experienced a sense of degrading treatment because of their race at the hands of the personnel; as a result, they did not report their vulnerabilities.

One of the main obstacles that could prevent people from seeking assistance is the lack of cultural variety that exists among the staff. The findings of Sullivan et al. (2007) suggest that a pervasive fear of the term 'racist' is the root cause of a fear of seeking assistance. Interviewees who are Black were constantly on the lookout for racist comments made by staff members. The fact that they did not readily ask for help was another factor contributing to the

problem, as was the lack of diversity among the workforce. There was not felt to be any means of assistance from the staff, which resulted in a feeling of isolation. Consequently, individuals were unwilling to seek assistance when they were confronted with all of these difficulties. In addition, HMIP (2022) found that staff members readily accepted the 'strong' self-image exhibited by Black inmates. It was difficult for these inmates to voice their issues because there was a lack of cultural awareness of the inherent stigma inside this institution.

3.5. Solutions and Recommendations to Aid in Mental Health

Peer Engagement

The importance of systemic solutions to address barriers to mental health support experienced by prisoners is identified. Hunter et al. (2019) recognise the importance of peer engagement as key to improving access to mental health services within prisons. In particular, the challenges faced by minority prisoners regarding mental health struggles are essential to normalise mental health challenges. Some prisoners felt that cultural barriers regarding the expression of isolation or hopelessness created a potential stigma. Therefore, encouraging minority prisoners to discuss these issues openly allows opportunities for shared experiences and an ability to build trust. HMIP (2022) supported this view, indicating that peer networks are most relevant to seeking help. As a result of common ground and trust, Black inmates are more inclined to confide in other Black inmates. Individuals felt more comfortable opening up to their peers for help than to staff. Therefore, it was considered essential to build a peer support network to improve the quality of mental healthcare.

Cultural Sensitivity and Training

Jones et al. (2013) similarly indicated that the support system available to seek help for mental health within the prison does not recognise the unique challenges of Black prisoners. Therefore, many of them face a lack of belongingness and relatedness. The importance of cultural sensitivity within HMP Grendon, a therapeutic community prison, was identified by Jones et al. (2013). The importance of cultural awareness to break mental health stigma is recognised. This process involves creating a cultural attitude which helps tailor interventions to specific groups. When there is cultural awareness, the prisoners feel that it is possible to normalise the notion of help-seeking (Jones et al., 2013). The lack of customisation of mental health support to meet the needs of Black prisoners is also understood by Sullivan (2007). The authors identify a one-size-fits-all approach to the mental health support given within a therapeutic prison like HMP Grendon. The current support given to Black prisoners is the

Western therapy, which does not effectively address the needs of the Black patient. The prisoners call for cultural sensitivity training to overcome this challenge.

Another solution identified by Hunter et al. (2019) is the need for supportive interactions. Empathetic and non-judgemental interaction with staff who are trained in cultural sensitivity is considered essential. In particular, hiring diverse staff who can recognise cultural sensitivities is key to building trust and early interventions. Jones et al. (2013) also recommend the need to improve staff-prisoner relationships through cultural competence. To address the needs of Black prisoners, staff need to demonstrate that they understand their cultural background and use culturally appropriate language. A lack of tailored support is identified: relevant care can be provided only if the support is tailored to culturally specific needs.

Chapter Four: Discussion of Findings

4.1. Introduction

This chapter presents the discussion of the findings. The chapter will compare the core themes identified through the seven key research studies and provide a comparison with theoretical, policy level and empirical literature on the subject.

4.2.Experiences with Criminal Justice System Contributing to Mental Health Issues

US versus Them

The 'us-versus-them' mentality is evident in many studies, as shown in Chapter Three (Smith & Eriksson, 2016).This is a clear indicator of othering. According to Jefferson (2015), othering as a phenomenon occurs when some individuals or groups are defined with a potential negative characteristic, and this is dependent on dualistic thinking. Racial discourses in diverse settings have continued to contribute to othering practices (Jefferson, 2015). Sharp and Atherton (2007) concluded that in the UK there is a lack of trust and confidence in the police and the criminal justice system amongst Black prisoners. This is attributed to the sense of isolation and othering. In Chapter Three, Brookes et al. (2012) argued that the binary opposition to being a Black man who is incarcerated creates a slow but steady sense of othering.

As part of othering, a deeper discussion is on the challenge of colonialisation. For example, Mironcuka (2023) contended that the White gaze is synonymous with the colonial gaze, where there is objectification of the Black as the inferior other. This occurs through constantly reminding the Black person of their blackness, as a result of which they could be dispossessed or disordered. This is largely related to the concept of powerlessness. The powerlessness that Black men face can contribute negatively to their overall mental health wellbeing. According to Zutlevics (2002), a sense of powerlessness leads to a lack of autonomy regarding their own actions. Curry (2017) argued that Black men feel powerless when they want to express frustration to others who do not want to listen to them or take relevant actions. As shown in Chapter Three, Hunter et al. (2019) contended that there is widespread prevalence of potential discrimination, which creates both hopelessness and

isolation amongst Black prisoners. This is a key indicator that can contribute to mental health problems.

Evidence from the prison system in the UK supports this powerlessness. According to Mullen et al. (2014), there is evidence of discrimination and racism faced by young Black men who were incarcerated. They experience racism-related powerlessness at different stages from other inmates and from staff and less overt decision-making. Similar evidence is clear in Chapter Three. For example, Chistyakova et al. (2018) concluded that even if they do not face blatant racist comments, there is a sense of racist undertones which continue to contribute to their powerlessness in the situation. One of the pieces of evidence of powerlessness and isolation highlighted by Chistyakova et al. (2018) was that there were differences in complaints and penalties. Black prisoners felt that their complaints were not taken seriously but they were subjected to more punishments. This view is supported by Mullen et al. (2014), who identified that Black prisoners were more likely than their White counterparts to receive warnings when they were involved in similar incidents inside the prison.

Addison et al. (2022) conducted a systematic review on the mental health support received by Black prisoners' post incarceration. In their study, emotional despair is highlighted as an important challenge. The review highlights that both before and after incarceration, Black men often feel powerless and, in some cases, exploited, which leads to emotional despair, anxiety and depression. The authors call for immediate action to address this othering or sense of powerlessness within the system. Nandi (2002) and Shuker and Sullivan (2010) similarly contended that minority group prisoners could feel excluded from peer groups and other activities that may occur. This prolonged isolation can create emotional despair and can erode a sense of community. Another core challenge linked to powerlessness is the sense of loss of agency. Edgar (2012) concluded that evidence of systemic racism in prisons results in prisoners feeling that they have no opportunities for recourse. This has psychological consequences, including depression. As Abramson et al. (2014) and Liu et al. (2015) rightly identified, the repeated experience of powerlessness can lead to hopelessness and helplessness, both significant risk factors for depression. The evidence seen in UK studies is reflected in other settings, too. For example, in an evaluation of Black prisoners' experiences in the US, Williams et al. (2020) recognised that a prison term is especially challenging for Black prisoners as they are often victims of isolation due to systemic racism challenges. Prison life frequently isolates Black males from their loved ones, trapping them in destructive

cycles of deviant manhood that harm their families and their identity. Following their release, a number of individuals expressed profound anguish, which can lead to mental health problems like depression.

Brookes et al. (2012) also call for a focus on systemic barriers. While these systemic barriers are discussed in depth below, one aspect that should be highlighted is how systemic barriers impact isolation and a sense of despair which may continue beyond the period of incarceration. Goomany and Dickinson (2015) conclude that Black men may feel that the sense of othering that they face is persistent and may internalise this belief. This could impact their ability to rehabilitate. As Brookes et al. (2012) concluded, recovery post release and avoiding recidivism can be challenging if there is continued othering and a dichotomy in how Black and White prisoners are treated within the prison system. This view is supported by Williams and Mohammed (2019). Many discussions around reintegration fail to address the unique psychological and mental obstacles faced by Black men both while behind bars and in their post-release lives. In addition to the physical, mental and psychological injuries that Black men endure while behind bars, they face harm upon their release from prison because they are unable to conform to traditional ideas of masculinity. Black men often develop divergent masculinities as a coping mechanism for the social othering and isolation they may face, which can increase the risk of recidivism (Williams & Mohammed, 2019). From the above analysis, it is argued that the creation of a sense of othering and the dichotomy of 'us versus them' leads to powerlessness, hopelessness and isolation, thereby contributing to mental health problems.

Race-Centric Invisibility

Invisibility within prisons and its impact is a further key causative factor that should be discussed. In the seminal research by Franklin (1999), there are arguments regarding invisibility syndrome. This is a psychological experience where the individual feels that their personal identity and ability are largely undermined by experiences of racism. The sense of invisibility occurs when there is racism at the individual, institutional or cultural level (Sue et al., 2007). In Chapter Three, evidence of all of these factors are clear. For example, Chistyakova et al. (2018) also talked about cultural invisibility. Though all prisoners felt that their complaints were not addressed, the experience was worse for Black men as their personal identity had to be suppressed to exist within the system.

Similarly, Franklin et al. (2006) contended that understanding the challenge of microaggression and its contribution to invisibility is essential. As seen in Chapter Three, Hunter et al. (2019) also recognised that as a minority prisoner, there is a feeling of lack of belonging or inclusion within the prisoner support pathway which is driven by the need to be 'on guard'. Though the opportunities for direct attacks or racist outcomes were low, there were microaggressions that continued to contribute to the sense of isolation. The evidence seen in this systematic review is supported by prior evidence in literature. For example, Assari et al. (2018) contended that elevated levels of perceived racism can be linked to depressive symptoms which arise as a result of psychological invisibility. Similarly, Wright et al. (2022) concluded that the painfulness of invisibility is reflected in the lack of awareness of their unique needs. This makes it challenging for Black men to address their needs as they feel ignored. Chapter Three cites research by Brookes et al. (2012) and Glynn (2014) that shows how knowing the criminal justice system is racially biased prevents people from desiring to participate in it. After being released, they return to communities that collectively label Black males as the 'criminal Black man', intensifying their deep-seated racial injustice. Recognising that their community has few meaningful work-related prospects due to resource depletion makes their resistance even more troublesome. Additionally, the men's gang-affiliated buddies encourage them to reoffend. On the other hand, Black men have a hard time finding opportunities that make them proud to be Black because of these racialised hurdles. They can either accept their racial subjugation and live with it, or they can rebel against it by continuing to commit crimes as a result of their cultural invisibility.

4.3.Solutions and Recommendations to Help in Mental Health Support

This section evaluates the relevance of the three core recommendations identified by the authors in Chapter Three.

Cultural Sensitivity and its Influence on Care

Some studies have identified the importance of cultural awareness and cultural sensitivity training (HMIP, 2022; Hunter et al., 2019; Jones et al., 2013). According to Benuto et al. (2021), cultural competence amongst health and social care professionals can directly influence cultural sensitivity. Cultural sensitivity is an ongoing, continuous process where steps are taken by professionals to acquire knowledge about individuals' norms, lifestyle and core values. In their seminal research, Resnicow et al. (1999) recognised cultural sensitivity across two main dimensions, including surface-level and deep-level sensitivity.

Surface-level cultural sensitivity is recognised as being aware of some superficial aspects of cultural sensitivity like food, music and language. Such outcomes are evident from the study findings. For example, Brooks et al. (2012) posit that lack of access to culturally relevant food or books can further increase the sense of loneliness and isolation amongst Black prisoners. Similarly, Chistyakova et al. (2018) concluded that racial identities and cultural practices in terms of music, language and culture had to be suppressed, which created more hopelessness and loneliness.

Deep-level cultural sensitivity requires further understanding of the social, historical and psychological value systems linked to a specific culture and its potential impact on health behaviour (Resnicow et al., 1999). Such deep challenges are evident from the study findings in Chapter Three. For example, the Black prisoners interviewed in the HMIP (2022) study indicate that the historical significance of trauma should be considered. They were of the opinion that their predecessors had endured more difficult circumstances and that they should not complain about similar issues or challenges.

A systematic review of cultural sensitivity within mental health support and clinical practices was carried out by Brooks et al. (2019). These authors identified that self-awareness requires being engaged with people from diverse cultural backgrounds. This requires creating open communication, supporting flexibility in adapting needs and engaging in cultural competence training on a regular basis. A practical application of this flexibility is recognising the inherent challenges linked to disclosing mental health needs. For example, one of the studies discussed in Chapter Three (HMIP, 2022) identified that Black men are worried about expressing weakness linked to complex mental health as they feel the perceived associated risk is high. The Black prisoners are worried that they would be considered aggressive and be given medication (e.g. depot injections) beyond their control. Similarly, Jones et al. (2013) showed views of Black prisoners who considered themselves part of a system that does not understand their requirements and that the system is driven by White middle class needs.

Apart from being aware of cultural needs, as Shepherd et al., (2018) contended, cultural sensitivity requires an emphasis on the need to be respectful and to demonstrate skills that can meet important needs. Such training should be addressed at different levels of the health and social care system and the criminal justice system. Bennett (2015) rightly identified that when the focus is on behavioural transformation, a systemwide approach is needed that can provide competency through ongoing educational and training activities. There are others

who address the need for cultural sensitivity training specifically in the context of criminal justice. Osman (2022) concluded that such training will ensure equitable treatment and access to justice from arrest to in-prison rehabilitation and post-release support. Shepherd et al. (2018) also contended that cultural engagement can be key to non-recidivism. Cultural sensitivity training can highlight potential protective factors of strengths and can improve relationships within prisons. Such cultural engagement requires prison staff to be aware of cultural principles, customs and obligations that can increase purposeful engagement of prisoners. Shepherd and Phillips (2016) similarly called for cultural training to address the dismantling of racism. By committing to diversity and reflexivity from the top down, a company can more easily allow cross-cultural cooperation across its entire organisation. At the moment, organisations will frequently initially engage with minority communities for a short period of time before making choices on their behalf, and research is needed to achieve the dismantling of racism. Therefore, as Shepherd (2019) concluded, specialised capacity-building actions are required to improve self-awareness amongst care professionals.

There remain some challenges associated with describing the concept of cultural competence and its relevance. This dissertation would be remiss if these challenges were not recognised. For example, Good and Hannah (2015) identified that cultural competency is used as a substitute for ethnocultural identity. In this context, the culture of minority groups is transformed to fixed or static traits. Similarly, Abe (2020) concluded that simply focusing on cultural sensitivity is not enough, and unless there is a transformative approach, such a strategy will not address the inherent imbalances in providing support to those who feel marginalised. Despite these criticisms, this dissertation holds that improving cultural competence is a necessary towards equitable support and equitable care for patients with mental health needs. In the context of the UK, some steps have been take as part of healthcare and in the criminal justice setting. For instance, following the Lammy Review (2019), concrete actions to reduce racial inequalities within the system were recognised. Similarly, Mirza (2018) concluded that cultural competency training is not just mandated but positively embraced and accepted within the healthcare setting. Clearly, more actions are needed to achieve these relevant outcomes.

Focusing on Cultural Diversity of Staff

The lack of diversity amongst prison staff is recognised by many studies in Chapter Three (Brookes et al., 2012; HMIP, 2022; Sullivan et al., 2007). This is reflective of current trends

in the UK. According to the UK Government (2024), only 4.4 per cent of prison offers are Black, 2.6 per cent of mixed ethnicity and 2.5 per cent Asian. In contrast, 8 per cent of prisoners were Black and 8 per cent Asian (Ministry of Justice, 2022). There is an underlying inequity in the representation of minority prisoners to the number of minority prison staff.

Cultural diversity is recognised as essential to improving the quality of support. For example, Bennett (2016) indicated that Black prisoners may feel more understood and supported by staff who want to help them if there is some shared cultural connection. As there is a significant cultural vacuum and a lack of support, it is important to find ways to build this trust and connection. The importance of therapeutic alliances is well established in mental healthcare (Wampold & Fluckiger, 2023). If these alliances can be built on the basis of cultural connections, it can create better outcomes. Another important factor that cultural diversity can bring is to create better role models. For example, in Chapter Three, one study (Brookes et al., 2012) identified that many incarcerated Black young men did not have the right protective factors or support growing up. This included a lack of positive role models. As Sewell (2024) rightly identified, when staff from diverse backgrounds are present within the criminal justice system, it is possible to empower prisoners to look at better role models.

Another important need for cultural diversity amongst staff is to address the challenges of cultural misunderstanding. A common theme that is evident in Chapter Three (e.g. Chistyakova et al., 2018; Hunter et al., 2019) is a lack of understanding or an unwillingness to look beyond the surface when it comes to questions of loneliness, isolation or the prevalence of mental health issues. If staff from diverse cultures are present, they may better understand the needs of Black prisoners. Culturally relevant linguistic expressions and non-verbal cues can be better understood (Hunter & Bhardwa, 2022). The presence of diverse staff can also help in recognising how cultural influences especially related to perceptions of masculinity can impact perceptions of mental health. As one study (HMIP, 2022) in Chapter Three concluded, wrong views on the notion of false bravado and masculinity leads to prisoners being unwilling to disclose anxiety or distress. If the right staff are in place, cultural influences that may impact perceptions of health can be identified.

The third factor regarding staffing diversity prevalent in the literature is the need to address bias that stereotypes. For example, Black prisoners' concern about being perceived as high-risk as a result of mental health needs (HMIP, 2022) is an inherent racial bias. When members of staff within prisons and across the criminal justice network are from diverse cultures, they

will be able to overcome unconscious bias. It is possible to promote equity, including a reduction in perceptions of unfairness in complaints (McCray, 2014). The decision-making process can be more equitable and there are opportunities to reduce the risk of systemic racism.

Peer Engagement and Help Seeking

The importance of peer engagement and its relevance to improving the quality of integrated care are recognised. The challenge of low help-seeking behaviour is evident (Brookes et al., 2012; Sullivan et al., 2007). This is attributed to diverse interpersonal factors including concerns about perceptions by other members of the community (Sullivan et al., 2007).

This dissertation argues that engaging with prisoners is essential to improve the quality of help-seeking behaviour. The steps to getting help for a mental health issue include realising you have a problem, being able to describe your struggles in words other people can understand, and knowing where to find resources (Solbakken et al., 2024). As a person trusts and seeks assistance from others, their own private ideas and emotions become more relational through the process of seeking help. Prior to or in lieu of obtaining professional help, it is usual to discuss psychological issues with informal support networks such as friends and family (Jorm, 2012). There is some evidence that informal networks might encourage people to seek professional care (Doll et al., 2021). This relevance can extend to prison settings, where availability or access to a broader professional or informal network is limited. Evidence from Chapter Three supports this assertion. Hunter et al. (2019) identified evidence from prisoners who feel that cultural barriers to the expression of isolation or hopelessness create a potential stigma that could be overcome through better peer engagement.

There is extensive research to show that peer support has been effective in prisons. Peer support schemes are useful as they can help individuals to integrate and participate within the prison community (Nixon, 2023). Such schemes can also provide support for prisoners to receive mental and social care support (Croux et al., 2023). Walton et al. (2023) contended that there are peer support schemes that are set up formally to provide prisoners with the opportunities to seek help, while Croux et al. (2023) concluded that informal support is essential in positive care provision.

In the context of mental health and therapeutic support, Kreager et al. (2019) contended that peer involvement can help overall mental health. The authors found that peer engagement can

positively influence substance addiction among prisoners. Similarly, Campbell et al. (2018) and Schaefer et al. (2017) argued that when there are therapeutic settings within prisons, the co-evolution of inmate relationships can impact treatment outcomes. Therefore, in line with HMIP (2022) recommendations, this dissertation calls for more peer engagement and support for creating information networks within prisons. This can encourage early help-seeking behaviour.

Chapter Five: Conclusion

5.1.Revisiting Research aim and Reflection

My interest in this topic arose due to my personal and professional interests. I choose this issue because my father, a Black man of Caribbean descent, has been incarcerated intermittently for over 37 years, and I have observed a deficiency in support and follow-up for ex-prisoners reintegrating into the society. In my work with Children and Young People (CYP), I observe that Black boys are disproportionately subjected to stop and search practices, face stigma, and have a higher likelihood of being diagnosed with a mental health issue following sectioning. I previously completed my BSc dissertation on the consequences of mental health in Black males and their implications for the Black community.

The study aimed to conduct a systematic review to comprehensively analyse and synthesise existing research on how involvement in the criminal justice system adversely affects the mental health of Black males in the UK. To meet this aim, six articles were identified through a systematic review. The findings show that the key factors which cause mental health problems in Black prisoners are both experiential and systemic. In particular, the experience of the us-versus-them dichotomy and lack of representation leads to a sense of isolation and hopelessness. Similarly, there is also concern that there is race-driven indivisibility. The prisoners felt as their personal identity and ability are largely undermined by experiences of racism creating isolation and anxiety. Apart from this, there are other systemic factors and societal factors contributing to mental health problems. Black prisoners who felt stigmatised for revealing they had mental health issues were more likely to be characterised as violent and unpredictable. They were worried this would make it harder for them to function inside the system. Staff members cognisant of their mental health concerns would likely label them as "dangerous Black males" because to the heightened sense of danger they may cause others. Apart from this, societal issues of poverty, lack of opportunities for education, unstable families and the expectations of false bravado with respect to mental health illnesses were considered key challenges.

An analysis of available interventions show that there is presence of some level of peer engagement, cultural sensitivity training and cultural awareness. Enhancing cultural competence is essential for providing fair support and care for people with mental health

issues. Cultural sensitivity training can identify potential protective factors and enhance connections within correctional facilities.

5.2. Strengths and Limitations of the Chosen Studies

There are some important strengths and limitations that need to be addressed. The first strength of the articles is that all of them directly relate to the experiences of Black prisoners. All the studies adopt a qualitative research methodology. Therefore, they are able to provide an in-depth perspective on lived experiences. According to the World Health Organisation (2022), one should give importance to the lived experiences of individuals when it comes to mental health wellbeing. This is because they can enable an agenda of change and are in a better position to reduce stigma and inform stakeholders on what treatment options work. All the articles also refer to the incarceration setting, which can be either adult prisons or youth offender institutions. In particular, two studies focus on specific therapeutic prisons (HMP Grendon) (Brookes et al., 2012; Jones et al., 2013). There are only three articles that directly evaluate mental health as an outcome (HMIP, 2022; Hunter et al., 2019; Jones et al., 2013). All other articles refer to potential causes of mental health issues (e.g. hopelessness, isolation, anxiety); however, they do not deal with the diagnosis of mental health challenges and available support.

There are several limitations associated with the review. Apart from two studies (HMIP, 2022; Hunter et al., 2019), the studies are more than ten years old. Therefore, there is an inherent dearth of recent research addressing the needs of Black male prisoners. The second core limitation is the lack of epidemiological data that categorise the presence of mental health disorders by diagnosis and their prevalence among Black male prisoners. The third limitation is the small sample size. Except for HMIP (2022), all the studies had a sample size of fewer than 10 individuals. This small sample size may restrict the ability to generalise these findings. The fourth limitation that is common across diverse studies is that very few of them reflect on the role of the researcher. Only one study (Hunter et al., 2019) considered the impact of the researcher and their reflective engagement with the research subject. The final limitation that should be addressed is the challenge of data analysis. There are some studies (Chistyakova et al., 2018; Jones et al., 2013) which do not provide details on the steps in data analysis.

5.3.Limitations of this Review

Some important limitations of this systematic review should be highlighted. The first limitation is the inability to answer all the research questions identified in the research protocol. One question was to identify the nature and prevalence of mental health disorders across Black male prisoners in the UK. Unfortunately, none of the studies had this information. Therefore, this particular question could not be addressed and this remains a key limitation. The second limitation is that only three databases, PubMED, PsychINFO and SAGE, were used. There could be other databases with access to relevant articles. Another challenge is that though the researcher intended to focus on studies which only identified the views of Black prisoners, it was challenging to find these outcomes. In such cases, the researcher had to include studies that had a broader minority population but referred to Black prisoners. Another challenge was that though the JBI tool was used for quality assessment, statistical data were not gathered, which could create some imprecision or inconsistencies.

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