Exploring masculinity, experience of distress and help-seeking within a UK male prison

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Thesis declaration form

I confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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Overview

This thesis focuses on the relationship between masculinity, psychological distress and help-seeking amongst prisoners and prison officers. Part One is a systematic narrative review of 14 studies investigating the association between conformity to masculine norms and help-seeking for psychological distress, highlighting the consistent finding of a negative association between conformity to masculine norms and help-seeking for psychological difficulties, and the important role of self-stigma as a partial mediator. Conclusions include a comprehensive discussion of the directions for future research and clinical implications.

Part Two is an empirical study of masculinity, psychological distress and help-seeking amongst prisoners and prison officers from a men's prison, using mixed methods. Correlational analysis of questionnaire data investigated the relationship between conformity to masculine norms, psychological distress and help-seeking, finding a positive relationship between masculinity and psychological distress for prisoners, and an inverse relationship between masculinity and help-seeking for both prisoners and prison officers.. Thematic analysis of semi-structured interviews explored how masculinity in prison shapes the experience of psychological distress and help-seeking, highlighting themes of *Holding it in*, *Image and perception* and *Control* for prisoner participants, and *Expectations of the role* and *Hiding and showing vulnerability* for prison officer participants.

Part Three is a critical appraisal of the research process within prison, including discussions and reflections about the setting of the prison environment, the context and impact of the Covid-19 pandemic and challenges relating to the topic of masculinity, mental health and help-seeking. The methodologies used in prison research are critically discussed, with recommendations for future research being highlighted.

Impact Statement

The findings of this thesis add to the field of research on men's mental health and help-seeking behaviours, providing a novel understanding of how this applies to the specific environment of prisons.

The systematic review confirms the consistent inverse relationship between conformity to masculine norms and help-seeking for psychological distress, across different male samples. Self-stigma is highlighted as a partial mediator, indicating the need for public health initiatives focused on destigmatization of seeking help for mental health difficulties, which incorporate links to traditional masculine ideals acting as barriers. The review highlights the need for further research exploring the use of informal ways of seeking help amongst men experiencing distress, rather than solely professional help-seeking. Additionally, studies predominantly focus on depression or generalised distress, indicating the need for further research exploring these associations for anxiety disorders, trauma-related symptoms or psychosis. The review also calls for a shift in service-offering, making interventions that are less traditional and incorporate elements that appeal to men more available. Additionally, the review confirms the need for improved specialist training for clinicians working with men to improve understanding and skills to work with masculinity in the context of experiencing psychological distress.

The empirical study provides initial research into the prevalence of conformity to masculine norms and how this is inversely associated with help-seeking amongst male prisoners and officers. Findings indicate a distinction between public and private displays of masculinity and highlight aspects of the prison environment that elicit increased performance of masculinity. As the first empirical study in this area, it is of particular interest to determine whether initial findings are replicated across other prisons. It also identifies the importance for future research to further unpack how masculinity in the prison environment differentially contributes to prisoner and officer help-

seeking behaviour for psychological distress, and for officers, how this may differ between male and female officers. This study has highlighted the need for further research on other factors associated with prisoner and officer help-seeking, to understand the interplay of these along with masculinity.

The empirical study also identifies the need for changes to the services offered to prisoners, with a clearly highlighted importance of peer relationships and how these can feel threatening in some contexts and supportive in others. Interventions that incorporate elements of peer-to-peer support are needed, alongside taking an approach that is less consistent with traditional talking therapies, but is more creative to increase appeal to prisoners. For officers, this study further supports the need for reflective spaces to facilitate the destigmatization of expressing emotions and begin the process of socialisation to allowing emotional vulnerability to be shown with colleagues. This study also highlights the need for a shift from management to provide support for officer wellbeing in a way that feels more authentic and allows for this to be prioritised within the working day. In the wake of the serious effects of the Covid-19 pandemic on residents and staff in prisons, this research is a timely reminder of the need for improved support in prisons.

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Part 1: Literature Review

The relationship between conformity to masculine norms and help-seeking for psychological distress: a systematic review

1.1 Abstract

Aim: This systematic narrative review provides a critical and comprehensive synthesis of the current literature investigating how conformity to masculine norms (as measured by the Conformity to Masculine Norms Inventory) is associated with help-seeking for psychological distress amongst males.

Methods: A systematic search of the literature was conducted using Ovid Medline, Embase and APA PsycINFO databases, hand-searching references and using the Google Scholar "cited by" function. 14 articles meeting inclusion criteria were reviewed. Sample characteristics, information about measures used and outcomes for each study were extracted, with findings being synthesised as follows: (a) those assessing help-seeking attitudes; (b) those assessing help-seeking intentions; (c) those assessing self-stigma of seeking help.

Results: Increased conformity to masculine norms was consistently associated with more negative attitudes towards help-seeking, decreased intentions to seek help and increased self-stigma related to help-seeking. Associations were consistently found with conformity to the masculine norm subscales of *Emotional control*, *Self-reliance* and *Violence*. Self-stigma was found to partially mediate the relationship between conformity to masculine norms and both help-seeking attitudes and help-seeking intentions.

Conclusions: Future research needs to consider a range of factors that mediate the relationship between masculinity and help-seeking, alongside self-stigma, that contribute directly to men's help-seeking attitudes and intentions in relation to emotional and psychological distress. A multi-pronged approach is needed, which includes public health initiatives that destigmatize men's mental health, bespoke and "non-traditional" clinical services being offered for men and improved training for practitioners working with men experiencing distress.

1.2 Introduction

1.2.1 Men's mental health and help-seeking

Although UK and global-based rates of mental health difficulties are high (Institute of Health Metrics and Evaluation, 2022), many people experiencing mental health difficulties do not actually access and receive treatment (Lubian et al., 2016; Thornicroft, 2007). The under-utilization of services can mean that individuals experiencing mental health difficulties have poorer outcomes in relation to recovery, symptom severity and psychosocial functioning (Clement et al., 2012). Research has consistently found that, in comparison to women, men are significantly less likely to seek help and receive treatment for mental health difficulties, irrespective of need and most sociodemographic characteristics (D'Arcy & Schmitz, 1979; Husaini et al., 1994; Lubian et al., 2016; Neighbors & Howard, 1987). This is of particular concern given that men are four times more likely to die by suicide (Addis & Mahalik, 2003; World Health Organization, 2002) compared with women.

1.2.2 The role of masculinity

To begin to understand this phenomenon, researchers have investigated the relationship between masculinity, mental health difficulties and help-seeking. Masculinity and femininity have been widely argued to be socially constructed sets of standards and rules, which shape and restrict the behaviour of males and females, respectively, and are learned through our interactions with individuals and systems within the societies we live in (Sherif, 1936). One construct of masculinity positions men as physically strong, resilient, self-sufficient, powerful and dominant (Mahalik et al., 2003), in contrast to the construct of femininity positioning women as silent, motherly, dependent and reliant on men (Mahalik et al., 2005).

One strand of research into masculinity has focused on the concept of masculinity ideology, defined to be "beliefs about the importance of men adhering to culturally defined standards for male behaviour" (Pleck, 1995). Masculinity ideology is posited to relate to both the endorsement and

internalisation of these cultural standards (i.e. male norms) and specifically highlights the structural relationship between the male and female sexes (Pleck, 1995). In relation to help-seeking, masculinity ideology suggests that societal norms of masculinity are often at odds with the demands of help-seeking behaviour. For example, traditional masculine norms of self-reliance and autonomy sit in opposition to the process of help-seeking (from another person or service) to address a difficulty. Additionally, in relation to psychological distress specifically, traditional male norms endorsing emotional stoicism as a sign of strength sit at odds with acknowledging emotional difficulties and expressing these to someone to receive support.

Another approach to research on masculinity has been the study of Gender Role Conflict (GRC), first theorised in 1981 and defined as "a psychological state in which gender roles have negative consequences or impact on the person or other" (O'Neil, 1981). With regards to masculinity, GRC proposes that men experience negative personal and relational consequences (e.g. psychological distress or interpersonal conflict) when the restrictiveness and rigidity of male gender roles are incompatible with the demands of a relevant situation – e.g. help-seeking – (Hammer et al., 2018; O'Neil et al., 1995). Four patterns of GRC have been identified (O'Neil et al., 1986), each of which highlight a particular aspect of the socialized male role which may lead to conflict. One pattern is of *Success, power, and competition* (SPC), which considers the degree to which men are socialized to obtain personal success via competitive means. The second pattern is *Restrictive emotionality* (RE), examining the extent to which men learn not to express their emotions to avoid being perceived as vulnerable or weak. *Restricted affectionate behaviour between men* (RABBM) considers the degree to which men are taught not to express concern or care for other men and finally *Conflict between work and family relationships* (CBWFR) explores how much men struggle with managing the different and competing demands linked to work, school and family relationship.

Both GRC and masculinity ideology have been found to be associated with decreased intentions to seek help, not only for psychological distress but also physical health needs (Yousaf et

al., 2015). Seidler et al. (2016) conducted a systematic review that included both quantitative and qualitative studies, with measures used that assessed both GRC and masculinity ideologies, and with a focus on depression as the identified diagnosis in relation to help-seeking. The findings of this review indicated an inverse relationship between masculinity and help-seeking for depression, highlighting the role that masculinity plays in men's reduced or delayed help-seeking, service-utilization and treatment-uptake (Galdas et al., 2005). Another systematic review and meta-analysis was conducted by Wong and colleagues (2017), which looked at the relationship between personal adherence to masculine norms and three more general mental health-related outcomes: (1) positive mental health, (2) negative mental health and (3) psychological help-seeking. Findings for pooled effect size (r = -.12) again confirmed a significant inverse relationship between masculinity and psychological help-seeking.

1.2.3 Measuring masculinity

As research on gender has expanded since the 1970s, various tools and psychometrics have been developed in an attempt to measure or capture the constructs related to masculinity. The most widely used measures assessing constructs related to masculinity fall into three categories, each of which will be discussed in turn: (1) those assessing role conflicts and stressors associated with masculinity (e.g. Gender Role Conflict Scale), (2) those assessing agreement with traditional male norms (e.g. Male Role Norms Inventory), and (3) those assessing personal adherence to traditional male norms (e.g. Conformity to Masculine Norms Inventory).

Measuring gender role conflict

Based on GRC, the Gender Role Conflict Scale (GRCS; O'Neil et al., 1986) is a measure designed to assess the degree to which men experience GRC. The four patterns of GRC translate to the four subscales of the measure, comprising of 37 items, and requiring respondents to indicate the degree to which they agree or disagree with given statements on a 6-point Likert Scale. The GRCS has been well-validated across a range of diverse samples, varying in terms of ethnicity, age, sexuality, class

and socioeconomic status (O'Neil, 2008). One limitation to the GRCS (and the concept of GRC) is that it focuses on, and therefore directs participants to only report on, the negative aspects or negative impact of masculine gender roles and identity. Its structure does not allow for a more balanced, nuanced picture of the positive and negative aspects, and effects, of masculine identity and gender roles.

Measuring agreement with male norms

The Brannon Masculinity Scale (BMS; Brannon & Juni, 1984) was one of the first measures developed to assess agreement with traditional American masculine norms, across four standards, each operationalised by two subscales, asking for agreement ratings on a Likert scale for a series of statements of stereotypical masculine standards and behaviours. The BMS was critiqued not only for its length, but also for its overlapping subscales and lack of acknowledgment of the importance of men's privilege or sexuality (Levant et al., 1992; Thompson Jr & Bennett, 2015). Factor analysis of the short-form version of the BMS led to the development of the Male Role Norms Scale (MRNS; Thompson & Pleck, 1986), which consisted of three cultural standards. While the MRNS was well-validated and praised for its length, construct and discriminant validity (Thompson Jr & Pleck, 1995), other critiques in line with those of the BMS remained, including the operationalisation of only a few male cultural standards (Levant et al., 1992).

Following this critique, the Male Role Norms Inventory (MRNI; Levant et al., 1992; Levant & Fischer, 1998) was developed to assess men and women's agreement with male norms, adapted in line with the gender role strain paradigm (Pleck, 1995) and the theory of GRC, and with the aim of incorporating more standards than previous scales. Following limited empirical support for the structure, the MRNI was revised (MRNI-R; Levant et al., 2007), resulting in the inclusion of seven subscales: *Avoidance of femininity*, *Negativity toward sexual minorities*, *Self-reliance through mechanical skills*, *Toughness*, *Dominance*, *Importance of sex*, and *Restrictive emotionality*. As in the BMS and MRNS, the MRNI-R requires respondents to indicate the degree to which they agree or

disagree with 39 given statements on a 7-point Likert scale. The MRNI-R has also been adapted into a short-form version (MRNI-SF; Levant et al., 2013), a very brief version (MRNI-VB; McDermott et al., 2019) and a version for adolescents (MRNI-A; Levant et al., 2008). Across all its versions, the MRNI has been reported to be one of the most commonly used measures of masculinity ideologies (Whorley & Addis, 2006).

Measuring personal adherence to male norms

While the MRNI-R and similar measures assess an individual's agreement with male norms or stereotypes, they do not broach the second tenet of masculinity ideologies, which is the internalisation of these cultural standards. It is important that these are appreciated to be two separate constructs of measurement, as generalised agreement with stereotypes or norms does not assume personal conformity. The first measure to move away from merely assessing approval of mainstream masculinity ideologies and aim to assess personal accommodation of these was the Conformity to Masculine Norms Inventory (CMNI; Mahalik et al., 2003). Since the development of the CMNI, only one other measure aiming to assess personal adherence to masculine norms has been developed. The Traditional Attitudes About Men (TAAM) scale was included in a study by McCreary and colleagues (2005), but no validity information was reported.

The CMNI was originally developed as a 93-item measure where respondents are asked to indicate the degree to which they agree or disagree with a given statement on a 4-point Likert scale. The original CMNI has 11 subscales that represent 11 different masculine norms. These norms are: *Winning*, *Emotional control*, *Risk-taking*, *Violence*, *Power over women*, *Dominance*, *Playboy*, *Self-reliance*, *Primacy of work*, *Disdain for homosexuals* and *Pursuit of status*. Statements in the CMNI move away from the third-person phrasing used in previous scales (e.g. Men should be detached in emotionally charged situations) to first-person phrasing (e.g. I never share my feelings), eliciting the degree of respondents' internalisation of masculine norms and resulting behaviour. The CMNI has been validated cross-culturally with diverse samples of men varying in relation to age, ethnicity,

socioeconomic status and sexual orientation (Hamilton & Mahalik, 2009; Liu & Iwamoto, 2007; Mahalik et al., 2006) and with women (Parent & Smiler, 2013). Since the development of the original CMNI, it has been shortened to a number of different versions, including the CMNI-55 (Owen, 2011), CMNI-46 (Parent & Moradi, 2009), CMNI-30 (Levant et al., 2020) and CMNI-22 (Hamilton & Mahalik, 2009). The CMNI importantly acknowledges there to be positive and negative aspects of masculinity and masculine norm adherence, addressing one of the major limitations of the GRCS.

1.2.4 Rationale, aims and objectives

While previous reviews have been helpful in showing the link between masculinity and help-seeking for mental health difficulties, they have either restricted their focus to a single mental health diagnosis (e.g. depression; Seidler et al., 2016), taken an over-inclusive approach to measuring masculinity thereby conflating distinct constructs of masculinity (Seidler et al., 2016), or have included a number of different outcomes for association with masculinity scores (Wong et al., 2017). Moreover, the most recent review (Wong et al., 2017) only included studies published prior to 2013.

It is important for the relationship between masculinity and help-seeking to be considered with a clear indication of the construct of masculinity that is being measured (e.g. agreement vs. adherence with masculine norms). Additionally, while depression has been a significant focus of literature on men's mental health, in order to understand the relationship between masculinity and men's help-seeking behaviour, it is important to consider help-seeking for psychological distress more broadly than only in the context of depressive symptoms. As such, this review will focus on a single construct of masculine ideology – personal adherence to male norms – as this involves the internalisation of socially traditional masculine standards and allows for an understanding of how an individual's affective and behavioural conformity to societal norms of masculinity impacts on their intentions to, and attitudes towards, seeking help for distress.

Therefore, this paper aims to review and summarise the existing literature investigating the links between conformity to masculine norms, as measured by the CMNI, and help-seeking behaviour for psychological distress. We will aim to address the following question: *"How is conformity to masculine norms (as measured by the CMNI) associated with help-seeking behaviour for psychological distress among males?"*

1.3 Methods

This review followed the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) statement (Moher et al., 2009), which is recommended as the most comprehensive resource, providing evidence-based, best-practice guidelines for reporting in systematic reviews (Higgins et al., 2019).

1.3.1 Search strategy

A systematic search was conducted to identify studies that explored the link between conformity to masculine norms and help-seeking behaviour for psychological distress. The following databases were searched to identify relevant literature: Embase, Global Health, Ovid MEDLINE and APA PsycInfo. Databases were searched for the period of January 2003 to February 2022 for relevant studies, using a key word search, as below.

"conformity to masculine norms" and (help or seek* or support* or access*) and (distress* or stress* or psychol* or psychiatr* or depress* or anxi* or PTSD or "mental health*" or schiz* or "personality disorder*" or wellbeing*)*

Additional studies were identified through hand-searching references of the identified studies, using the Google Scholar "cited by" function and reviewing the references of relevant previous reviews (Seidler et al., 2016; Wong et al., 2017). Studies across all dates from January 2003 and those that were unpublished were all considered for inclusion. The start date of January 2003 was used as this was the date that the CMNI was published and inclusion criteria (see below) required

all studies to include a version of, or one or more subscales of, the CMNI. When studies were using overlapping samples, the sample with the larger number of participants was used in order to avoid double-counting.

1.3.2 Eligibility criteria

The inclusion criteria for studies were as follows:

a) Studies used a sample that included male participants;
b) Studies used a version of, or one or more subscales of, the Conformity to Masculine Norms Inventory (CMNI);
c) Studies included a measure of psychological distress and/or only used a clinical sample;
d) Studies included a measure of help-seeking for psychological distress or wellbeing;
e) Studies used quantitative methods of analysis to explore the association between the CMNI and help-seeking measures;
f) Studies were available as full text in English language;
g) Studies were published/written up between January 2003 and February 2022.

Although this review was interested in the findings of associations between CMNI scores and help-seeking measure scores, the inclusion of a measure of psychological distress and/or use of a clinical sample was deemed appropriate in order to ensure that the focus of help-seeking as measured in the study was in relation to wellbeing/psychological distress, rather than more generalised help-seeking.

The exclusion criteria were as follows:

a) Book chapters, conference posters, theoretical papers or reviews;
b) Studies with full text only available in a language that was not English.

1.3.3 Evaluation of studies

In order to evaluate the methodology and reporting of the included studies, all were assessed using the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) checklist (Von Elm et al., 2007) – see Appendix 1 – which is designed to evaluate cohort, case-controlled and cross-sectional observational studies. The authors of the STROBE checklist advise against use of the checklist as an assessment of quality, but rather an indication of how to report research well, across different domains. For the purposes of this systematic review, the STROBE tool was used to highlight areas where studies reported information less well, rather than as an assessment of quality. Therefore, all studies were included, regardless of their scoring, but information from the STROBE checklist was used to critically appraise the included studies, where relevant.

1.3.4 Data extraction and synthesis

A spreadsheet was compiled to extract data from each included study for synthesis in the systematic review. Data extracted included title, authors, year, location, sample size, sample description, gender distribution of sample, mean age of sample, version of CMNI used, measure(s) used to assess psychological distress/wellbeing, measure(s) used to assess help-seeking and key relevant findings.

Given the diversity of outcomes and measures used, a formal meta-analysis was not conducted. Studies are therefore presented in the current review using a narrative synthesis (Popay et al., 2006). As consistency of measurement of masculinity was ensured through use of versions of only the CMNI, studies were organised according to the chosen measure of help-seeking, allowing for distinction between the constructs of help-seeking attitudes, help-seeking intentions and self-stigma of help-seeking.

1.4 Results

1.4.1 Search results

Using the search strategy outlined above, a total of 147 publications were identified, with 115 remaining after removing duplicates. 57 texts remained after screening abstracts using these criteria. Full texts were subsequently screened, leaving 14 eligible studies for inclusion; see Figure 1 for PRISMA flow diagram for the study selection process.

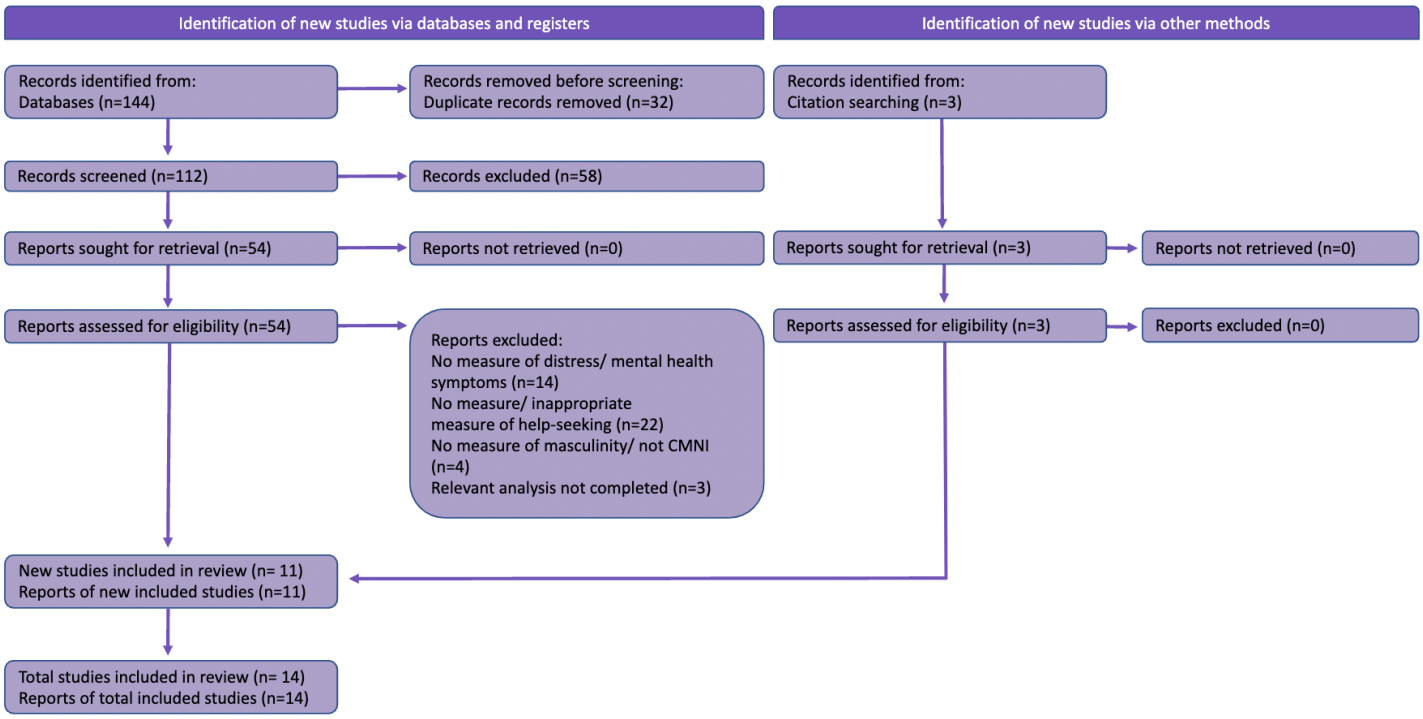

Figure 1 Flow chart diagram displaying the study selection process

1.4.2 Study characteristics

All included studies were published between 2003 and 2021 and conducted in the continent of North America; 85% (n = 12) of the studies were conducted in the USA and the rest (n = 2) were conducted in Canada. While the CMNI measure was developed in North America, which may explain the proportion of studies conducted in this region, it is important to note that this review does not have any representation of studies conducted outside of North America.

Combining all included study samples, data was reported on 10,259 participants. Three studies (Heath, 2019; McDermott et al., 2017; Shea et al., 2019) included mixed gender samples, meaning that 23% (n = 2,351) of total cumulative participants were female. Most studies reported participant ages ranging from 14 to 91 years of age, with the mean age across 13 of the studies being 32.4 years. One study (Folberth, 2014) reported the mode age range rather than mean age. With regards to ethnicity, 12 studies reported that the majority of the participant sample was White or Caucasian, with percentages ranging from 54.5% to 100%. One study (Shea et al., 2019) reported that the largest proportions of participants were Latinx (45.2%) and Asian (24.2%) and one study (Meyers, 2012) did not report ethnicity of participants.

All 14 studies used convenience sampling methods for participant recruitment. While this approach is commonly used in research, it introduces an element of volunteer bias – i.e. that those who choose to participate in the study may have had particular characteristics that may limit the generalisability of the results. Eight of the studies recruited participants from a single limited population (e.g. one university campus) and therefore data may not be reliably generalisable to other populations. However, some studies made efforts to address the issues of external validity by additionally sampling participants from multiple other areas (e.g. university students, as well as those recruited from online forums). While this diversified the sample in order to improve generalisability, this also introduced variability within the samples, which may have impacted on the pattern of results noted.

Eight studies included participants recruited from university campuses, with four of these studies also recruiting from other populations. Five studies included participants recruited from general community-based populations. Five studies recruited participants from specific populations: military veterans (McDermott et al., 2017; Meyers, 2012), individuals with brain injuries (Good et al., 2006; Meyers, 2012), athletes (Ramaeker & Petrie, 2019) and individuals interested in physical fitness, bodybuilding and appearance and performance-enhancing drugs (APEDs; Folberth, 2014).

One study recruited adolescent participants from two schools (Sears et al., 2009) and one study specifically aimed to recruit a diverse sample (Vogel et al., 2011). Only two studies included participants who had been screened for psychological disorders (Berger et al., 2013; Mahalik & Di Bianca, 2021). See Table 1 for details of data extraction for each study.

Table 1 Extracted data from all 14 included studies

Authors (Year)	Location	Sample information	Version of CMNI	Measure(s) of distress/ wellbeing	Measure(s) of help-seeking	Relevant key findings
Berger, Addis, Green, Mackowiak & Goldberg (2013)	USA	*N* = 80 Men over the age of 18 meeting clinical threshold for a psychological disorder (on HNDSS and PDSQ) Mean age = 45.4 years	CMNI-55	BAI BDI	RMHRS HSBS	• Participants conforming more with masculine norms reported more negative attitudes towards seeking help in the form of psychotherapy, medication and "other" (e.g. psychiatrist or other medical professional). • Psychotherapy was found to be the most agreeable form of help, preferred over medication and "other". • Seeking help from friends and family was the second most popular form of help-seeking. • Medication was the least acceptable form of help.
Cole (2013)	USA	*N* = 366 Male university students Mean age = 20.2 years	CMNI-46	CES-D SPWB-54	PRDS ATSPPH-SF SSOSH	• Participants conforming more with masculine norms reported decreased willingness to engage in help-seeking when depressed and increased engagement in avoidant coping behaviours. • Higher levels of conformity to four masculine norms (*Emotional control*, *Playboy*, *Violence* and *Self-reliance*) were associated with decreased willingness to seek help when depressed. • Hope and wellbeing did not moderate the relationship between adherence to masculine norms and help-seeking intentions.
Folberth (2014)	USA	*N* = 193 Men who use discussion forums focused on Appearance and Performance-Enhancing Drugs (APEDs), physical	CMNI-46	DSM-IV questions	ATSPPH-SF	• Participants conforming more with masculine norms reported more negative attitudes towards seeking professional psychological help and were less likely to engage in health-promotion behaviours. • Higher levels of conformity to five masculine norms (*Emotional control*, *Violence*, *Power*

		fitness and bodybuilding Mean age not reported; Mode age range = 25-44 years				*over women*, *Self-reliance* and *Heterosexual self-presentation*) were associated with more negative attitudes towards seeking help. • Levels of conformity to masculine norms and attitudes towards seeking help were found to predict health-promotion behaviours.
Good, Schopp, Thomson, Hathaway, Sanford-Martens, Mazurek & Mintz (2006)	USA	*N* = 52 Men who have experienced TBIs or SCIs and were engaged in rehabilitation at the time of the study Mean age = 43.0 years	CMNI-94	SWLS	ATSPPH-SF	• Participants conforming more with masculine norms reported more negative attitudes towards seeking professional psychological help. • Higher levels of conformity to six masculine norms (*Emotional control*, *Risk-taking*, *Violence*, *Power over women*, *Dominance* and *Self-reliance*) were associated with more negative attitudes towards seeking help. • Increased conformity to the masculine norm of *Power over women* was associated with increased life satisfaction.
Heath (2019)	USA	Sample 1: *N* = 1041 Sample 1: Mixed gender university students, 35.5% male Sample 1: Mean age = 22.5 years Sample 2: *N* = 1007 Sample 2: Mixed gender adults in the community, 24.4% male Sample 2: Mean age = 35.9 years	*Self-reliance* and *Emotional control* subscales of the CMNI-46	DASS-21	ISCI ATSPPH-SF SSOSH	• Participants who conformed more with masculine norms of *Emotional control* and *Self-reliance* reported increased levels of self-stigma, more negative attitudes towards seeking professional help, reduced intentions to seek counselling support and reduced likelihood of accessing online information about mental health and psychological services. • Findings were not specific to male participants and the strength of association did not differ based on participant gender. • Student participants reported a stronger link between *Self-reliance* and self-stigma compared with adults in the community sample.
Mahalik, Locke, Ludlow, Diemer, Scott, Gottfried & Freitas (2003)	USA	*N* = 269 Male university students Mean age = 19.7 years	CMNI (Original version)	BSI	ATSPPH	• Participants conforming more with masculine norms reported more negative attitudes towards seeking professional psychological help. • Higher levels of conformity to the masculine norms of *Emotional control*, *Self-reliance*,

						Winning, *Violence*, *Power over women* and *Disdain for homosexuals* were associated with more negative attitudes towards seeking help for psychological distress.
Mahalik & Di Bianca (2021)	USA	*N* = 258 Adult males screened for experiencing depressive symptoms (on the PHQ-2) Mean age = 37.0 years	*Self-reliance* and *Emotional control* subscales of the CMNI-94	PHQ-2	SSOSH GHSQ	• Higher levels of conformity to masculine norms of *Emotional control* and *Self-reliance* were associated with increased levels of self-stigma and reduced likelihood of seeking help. • Self-stigma partially mediated the relationship between conformity to masculine norms of *Emotional control* and *Self-reliance* and likelihood of help-seeking. • Depression had significant indirect links to both self-stigma and help-seeking, being fully mediated by conformity to masculine norms of *Self-reliance* and *Emotional control*.
McDermott, Currier, Naylor & Kuhlman (2017)	USA	*N* = 349 Mixed gender military veterans enrolled as university students at the time of the study, 63.2% male Mean age = 32.7 years	*Self-reliance* and *Emotional control* subscales of the CMNI-46	PFQ-2 PCL-C PHQ-8	SSOSH	• Higher levels of conformity to the masculine norm of *Emotional control* was associated with increased self-stigma, only among student veterans who had a history of war-zone deployment. • The indirect effects of painful self-conscious emotions on increased self-stigma were mediated by conformity to the masculine norms of *Emotional control* and *Self-reliance*, only for veterans with a history of war-zone deployment. • The same general pattern of results emerged even when controlling for gender, depression, and PTSD symptoms.
Meyers (2012)	USA	*N* = 60 Male military veterans with a mild brain injury Mean age = 32.9 years	CMNI-46	SWLS CES-D	WSHQ	• Participants conforming more with masculine norms were less likely to seek help and reported lower levels of life satisfaction.
Ramaeker & Petrie (2019)	USA	Sample 1: *N* = 220 Sample 1: Male athlete undergraduate students	CMNI-46	CESD-R	ATSPPH-SF SSOSH	• For both groups of participants, higher levels of conformity to masculine norms was associated with increased self-stigma and more negative attitudes toward help-seeking.

		Sample 1: Mean age = 20.0 years Sample 2: *N* = 205 Sample 2: Male non-athlete undergraduate students Sample 2: Mean age = 21.4 years			ISCI	• The association between conformity to masculine norms and help-seeking attitudes was partially mediated by self-stigma. • Participants' conformity to masculine norms were related, indirectly through their effects on stigma and help-seeking attitudes, to having lower intentions to seek mental health assistance in the future. • Athletes conformed more to masculine norms than non-athletes.
Sears, Graham & Campbell (2009)	Canada	*N* = 171 Adolescent males Mean age = 15.4 years	*Self-reliance* and *Emotional control* subscales of the CMNI-94	DASS-21	GHSQ	• Participants indicated a preference for seeking help from female friends rather than male friends. • Participants conforming more with the masculine norm of *Emotional control* reported a decreased likelihood of seeking help from female friends. • Participants with a more adaptable temperament reported higher likelihoods of seeking help from male friends. • Participants conforming more with the masculine norm of *Emotional control* reported lower likelihoods of seeking assistance from male friends. • Participants' perceptions of support mediated the relationships between adaptable temperament and conformity to the masculine norm of *Emotional control* and intentions to seek help from friends.
Shea, Wong, Nguyen & Gonzalez (2019)	USA	*N* = 1049 Mixed gender university students, 24.6% male Mean age = 23.0	*Emotional control* subscale of the CMNI-94	PSS	SSOSH ATSPPH-SF SSRPH HSI	• Participants conforming more with the masculine norm of *Emotional control* reported increased levels of self-stigma, public stigma and perceived stress. • Participants conforming more with the masculine norm of *Emotional control* were more likely to report negative attitudes towards seeking professional psychological help and reduced intentions to seek help.
Vogel, Heimerdinger-	USA	*N* = 4773	CMNI-22	CES-D	SSOSH	• Participants conforming more with masculine norms reported increased levels of

Edwards, Hammer & Hubbard (2011)		Community-based adult men Mean age = 32.9 years			ATSPPH-SF	self-stigma and more negative attitudes towards seeking professional psychological help. • Participants reporting increased levels of self-stigma also reported more negative attitudes towards help-seeking. • Although the relationship between masculine norms and attitudes towards help-seeking was partially mediated by self-stigma across all groups, there were some nuanced findings for different groups regarding the degree of mediation.
Wasylkiw & Clairo (2016)	Canada	*N* = 166 Male university students (intercollegiate athletes and non-athletes) Mean age = 19.5 years	CMNI-46	CESD-R	SSOSH IASMHS	• Participants conforming more to masculine norms were more likely to report higher levels of self-stigma and public stigma, and report more negative attitudes towards seeking help from mental health services. • Intercollegiate athlete participants conformed more with masculine norms and were less willing to seek help compared to non-athletes. • Independent of depression, endorsement of traditional masculine norms predicted less willingness to seek help because of the tendency to self-stigmatize.

HNDSS = Harvard National Depression Screening Scale; PDSQ = Psychiatric Diagnostic Screening Questionnaire; BAI = Beck Anxiety Inventory; BDI = Beck Depression Inventory; RMHRS = Response to Mental Health Rating System; HSBS = Help-Seeking Behaviour Scale; CES-D = Centre for Epidemiological Studies-Depression Scale; SPWB-54 = Ryff Scale of Psychological Wellbeing-54; PRDS = Potential Responses to Depression Scale; ATSPPH-SF = Attitudes Towards Seeking Professional Psychological Help-Short Form; SSOSH = Self-Stigma of Seeking Help; DSM-IV = Diagnostic and Statistical Manual-4th Edition; SWLS = Satisfaction With Life Scale; DASS-21 = Depression, Anxiety and Stress Scale-21; ISCI = Intentions to Seek Counselling Inventory; BSI = Brief Symptom Inventory; ATSPPH = Attitudes Towards Seeking Professional Psychological Help; PHQ-2 = Patient Health Questionnaire-2; GHSQ = General Help-Seeking Questionnaire; PFQ-2 = Personal Feelings Questionnaire-2; PCL-C = PTSD Checklist-Civilian Version; PHQ-8 = Patient Health Questionnaire-8; WSHQ = Willingness to Seek Help Questionnaire; CESD-R = Centre for Epidemiological Studies Depression Scale-Revised; PSS = Perceived Stress Scale; SSRPH = Stigma Scale of Receiving Psychological Help; HSI = Help-Seeking Intentions Scale; IASMHS = Inventory of Attitudes towards Seeking Mental Health Services.

1.4.3 Evaluation of studies

All 14 studies included in this review scored 75% or above on the STROBE checklist, indicating that at least 75% of domains included sufficient information and detail to indicate good reporting of research (see Table 2 for detailed scoring of each study). Only one study (Heath, 2019) scored 100%, indicating that this study's reporting met all standards outlined by the STROBE checklist to an appropriate degree. Patterns were observed regarding which elements of the STROBE checklist were more commonly missing from study reports. Even for studies that scored most highly, missing elements related to significant domains of the study (i.e. a lack of clear reporting of methodology and results).

With regards to methodology, the STROBE checklist highlighted that 71% of studies (n = 10) did not outline how the study sample size was derived (e.g. through use of a power calculation). This indicates that the majority of studies may have included a sample insufficient in size to detect a true effect, impacting significantly on how results can be interpreted. Furthermore, 50% of studies (n = 7) did not report the number of participants at each stage of the study (e.g. number eligible/approached, number who agreed to participate, number excluded – with reasons). Without clarity around the proportion of eligible individuals who participated, the authors do not allow for evaluation of how representative the sample was of the target population, nor does it allow for evaluation of the recruitment methodology and ways in which recruitment may have been improved. Additionally, 43% of studies (n = 6) did not clearly indicate ways in which the methodology was adapted to mitigate the impact of any potential sources of bias. This indicates that, for nearly half of the included studies, it is not clear whether the methodology used may have led to bias that could have been otherwise avoided and also does not make clear that authors considered the influence of biases on the study.

With regards to results, 43% of studies (n = 6) did not include a description of how missing data was handled and 64% of studies (n = 9) did not report the number of participants with missing

data for each variable of interest. Without this information, these studies do not make readers aware of how this may have impacted analysis – e.g. the reader may believe that participants with missing data were still included in the subsequent analysis or that a significant portion of the dataset contained missing data, once again affecting how results can be interpreted.

Table 2 Details of scoring on the STROBE checklist for all 14 included studies

Study	Title and Abstract	Background/rationale	Objectives	Study design	Setting	Participants	Variables	Data sources/measurement	Bias	Study size	Quantitative variables	Statistical methods	Participants	Descriptive data	Outcome data	Main results	Other analyses	Key results	Limitations	Interpretation	Generalizability	Funding	Percentage of STROBE checklist completed
Berger et al. (2013)	+	+	+	+	+	+	+	+	+	--	+	-	-	-	+	+	+	+	+	+	+	+	82%
Cole (2013)	+	+	+	+	+	+	+	+	+	--	+	+	+	+	+	+	+	+	+	+	+	/	95%
Folberth (2014)	+	+	+	+	+	+	+	+	--	+	+	+	+	+	+	+	/	+	+	+	+	/	95%
Good et al. (2006)	+	+	+	+	+	+	+	+	--	--	+	+	+	-	+	+	/	+	+	+	+	+	86%
Heath (2019)	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	100%
Mahalik & Di Bianca (2021)	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	/	+	+	+	+	--	95%
Mahalik et al. (2003)	+	+	+	+	+	+	+	+	+	--	+	-	--	-	+	+	/	+	+	+	+	--	76%
McDermott et al. (2017)	+	+	+	+	+	+	+	+	--	--	+	+	+	+	+	+	/	+	+	+	+	--	86%
Meyers (2012)	+	+	+	+	+	+	+	+	--	+	+	-	-	-	+	+	/	+	+	+	--	/	75%
Ramaeker & Petrie (2019)	+	+	+	+	+	+	+	+	--	--	+	+	+	-	+	+	/	+	+	+	+	+	86%
Sears et al. (2009)	+	+	+	+	+	+	+	+	+	--	+	-	-	-	+	+	/	+	+	+	+	+	81%
Shea et al. (2019)	+	+	+	+	+	+	+	+	--	--	+	+	-	-	+	+	/	+	+	+	+	--	76%
Vogel et al. (2011)	+	+	+	+	+	+	+	+	+	--	+	-	-	-	+	+	/	+	+	+	+	--	76%
Wasylkiw & Clairo (2018)	+	+	+	+	+	+	+	+	+	--	+	-	-	-	+	+	/	+	+	+	+	--	76%

+ all elements reported in study; - some elements reported in study; -- no elements reported in study; / not relevant to study in question

1.4.4 Conformity to Masculine Norms Inventory

In line with the study eligibility criteria, all studies included used a version of the CMNI or subscales of the CMNI as a measure of conformity to masculinity. 64% of studies used a version of the full CMNI questionnaire (*n* = 9), while the remaining 36% used one or more subscales of the CMNI (*n* = 5). Of the studies that used the entire CMNI questionnaire, the majority (55%; *n* = 5) used the CMNI-46, while other versions used included the CMNI-22, CMNI-55, CMNI-94 and the original version of the CMNI with 144 items. Of the five studies that used subscales of the CMNI, three used subscales derived from the CMNI-94 and two used subscales from the CMNI-46. All five studies that only used subscales of the CMNI included the *Emotional control* subscale and four of these studies additionally included the *Self-reliance* subscale of the CMNI. The *Emotional control* subscale of the CMNI assesses for conformity to norms characterized by the desire to avoid emotional vulnerability (e.g., "I never share my feelings"), while the *Self-reliance* subscale assesses for adherence to norms related to handling problems autonomously (e.g., "It bothers me when I have to ask for help").

1.4.5 Measures of psychological distress

The included studies used a wide range of measures to assess the psychological distress or wellbeing of participants; however, all measures used were self-report questionnaires. The most commonly used measure was the Centre for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977) with 35% of studies (*n* = 5) using this measure, or its revised version (CESD-R; Eaton et al., 2004). 14% of studies (*n* = 2) used the Depression, Anxiety and Stress Scale (DASS-21; Lovibond & Lovibond, 1995) and 14% (*n* = 2) used the Satisfaction with Life Scale (SWLS; Diener et al., 1985). Other measures used included the Beck Anxiety and Beck Depression Inventories (BAI and BDI; Beck et al., 1988; Beck et al., 1996), the Ryff Scales of Psychological Wellbeing-54 (SPWB-54; Ryff, 1989), the Patient Health Questionnaire (PHQ; Spitzer at al., 1999), the Perceived Stress Scale (PSS; Cohen et al., 1994), the Personal Feelings Questionnaire-2 (PFQ-2; Harder & Zalma, 1990), the PTSD Checklist-Civilian Version (PCL-C; Weathers et al., 1994) and the Brief Symptom Inventory (BSI;

Derogatis, 1978). One study (Folberth, 2014) included nine questions from the Diagnostic and Statistical Manual-4th Edition (American Psychiatric Association, 2000) to capture the diagnostic criteria for substance use disorders.

For the two studies which included samples that were screened for psychological disorders prior to inclusion, the PHQ-2 (Kroenke et al., 2003), the Harvard National Depression Screening Scale (HNDSS; Baer et al., 2000) and Psychiatric Diagnostic Screening Questionnaire (PDSQ; Zimmerman & Mattia, 2002) were used as screening measures.

1.4.6 Measures of help-seeking

There were a number of different measures used to assess help-seeking amongst the included studies; these largely fell into three categories: (a) measures assessing attitudes towards seeking help; (b) measures assessing intention, or likelihood, to seek help; (c) measures assessing level of stigma in relation to seeking help.

Attitudes towards help-seeking

10 of the 14 studies included a measure that assessed attitudes towards help-seeking. The most commonly used measure was the Attitudes Towards Seeking Professional Psychological Help (ATSPPH; Fischer & Turner, 1970) scale and its shorter form equivalent (ATSPPH-SF; Fischer & Farina, 1995), which was used in 80% (n = 8) of studies that included measures assessing attitudes. The other two studies using measures of attitudes used the Inventory of Attitudes towards Seeking Mental Health Services (IASMHS; Mackenzie et al., 2004), which is an adaptation and elaboration of the ATSPPH, and the Response to Mental Health Rating System (RMHRS), which was an original measure designed for use in Berger et al.'s (2013)study.

Intentions to seek help

Eight of the studies included a measure of help-seeking intentions, with a more varied range of measures used. The General Help-Seeking Questionnaire (GHSQ; Wilson et al., 2005) and Intention

to Seek Counselling Inventory (ISCI; Cepeda-Benito & Short, 1998) were used in two studies each. Other measures included the Willingness to Seek Help Questionnaire (WSHQ; Cohen, 1999), the Help-Seeking Intentions (HSI) scale, which is adapted from a study exploring the Theory of Planned Behaviour (Ajzen, 1985) in relation to psychological help-seeking (Mo & Mak, 2009), the Potential Responses to Depression Scale (PRDS), which is an original measure used in Cole's (2013) study, and the Help-Seeking Behaviour Scale (HSBS), which is an original measure used in Berger's (2013) study.

Stigma of help-seeking

Eight of the studies included a measure assessing stigma related to seeking help. The Self-Stigma of Seeking Help (SSOSH; Vogel et al., 2006) scale was used in all studies that assessed stigma. An additional measure used in Shea et al.'s (2019) study was the Stigma Scale of Receiving Psychological Help (SSRPH; Komiya et al., 2000), which is a measure for public stigma of help-seeking. Wasylkiw and Clairo (2018) also used one subscale of the IASMHS as a measure of public stigma towards seeking help.

1.4.7 Narrative synthesis

The below narrative synthesis of results from the 14 included studies explores the review question of how conformity to masculine norms (as measured by the CMNI) is associated with help-seeking behaviour for psychological distress among males. Due to the highlighted differences between constructs of help-seeking, the narrative synthesis is organised by the relevant help-seeking construct being measured: (1) help-seeking attitudes; (2) help-seeking intentions; and (3) stigma of help-seeking. Following this, analyses of mediating factors, subgroup analyses and other findings of interest are presented.

Conformity to masculine norms and help-seeking attitudes

All 10 of the studies including measures of help-seeking attitudes reported a significant negative association between the relevant CMNI score and the measure of help-seeking attitudes, indicating that those who conformed more strongly with masculine norms, as measured by the CMNI and its subscales, reported more negative attitudes towards seeking help for emotional or psychological difficulties. All studies assessed attitudes to help-seeking in relation to seeking professional help (e.g. psychotherapy, medication, seeing a doctor, accessing mental health services). Only one study (Berger et al., 2013) additionally included an item measuring attitudes towards seeking help from family and friends and this was not significantly correlated with the CMNI scores. Although this was only one item in one study, this is an initial indication that, while increased conformity to masculine norms may be consistently associated with negative attitudes towards seeking professional help, masculinity may play less of a role in relation to more informal ways of seeking help from close family and friends.

One study (Berger et al., 2013) looked at attitudes in relation to different types of professional help-seeking (e.g. medication vs. psychotherapy), using the RMHRS. This measure of help-seeking was quite different to measures in other studies, as it was not a self-report, questionnaire-based measure, but rather was a codified degree of acceptance of a help-source, based on a semi-structured interview. While efforts were made to assess inter-rater reliability (e.g. having two raters), this does introduce an important bias of subjectivity into this study, where raters may differ in their value judgements of whether someone's response is, for example, a "weak" or "strong" rejection of a given help-source, which may then influence the overall score that is entered into the statistical correlational analysis. Acknowledging this potential limitation, findings suggest that the negative correlation between attitudes and CMNI-55 score was stronger for medication compared with psychotherapy, indicating that participants conforming more strongly to masculine norms were less likely to view medication as an attractive option, compared with psychotherapy.

Heath (2019) and Shea et al. (2019) both used only subscales of the CMNI and both included mixed gender samples of university students. Both studies found the *Emotional control* subscale of the CMNI to be negatively correlated with attitudes towards seeking professional help, indicating that those conforming more to the masculine norm of *Emotional control* (e.g. increased emotional suppression) reported more negative attitudes towards seeking help for psychological distress. Heath (2019) additionally found a similar inverse relationship between the *Self-reliance* subscale of the CMNI and help-seeking attitudes, indicating that those conforming more with norms of *Self-reliance* (e.g. avoidance of relying on others) reported more negative attitudes towards seeking help for psychological distress. Given the mixed gender sample, Heath (2019) also found that these findings did not differ between male and female participants.

Subscale analysis allows for an improved understanding of what particular aspects of masculine normative standards contribute to reduced help-seeking attitudes. Of the eight studies that used the full CMNI measure, 50% included additional subscale analyses (n = 4). All four studies found significant negative associations between the *Emotional control*, *Self-reliance* and *Violence* subscales, when correlated with attitudes towards seeking help for psychological distress. However, in one study (Berger et al., 2013), these findings only occurred in relation to help-seeking from particular sources: *Emotional control* was significantly negatively correlated with seeking help from family and friends; *Self-reliance* was significantly negatively correlated with seeking help through medication or "other" help-sources (which included seeing a doctor); and *Violence* was significantly negatively correlated with seeking help through medication.

Other subscales that were not consistent across the four studies, but still showed negative associations with help-seeking attitudes included the *Power over women* (Folberth, 2014; Good et al., 2006; Mahalik et al., 2003), *Playboy* (Berger et al., 2013), *Heterosexual self-presentation* (Folberth, 2014; Mahalik et al., 2003), *Primacy of work* (Berger et al., 2013), *Winning* (Mahalik et al., 2003), *Risk-taking* (Good et al., 2006) and *Dominance* (Good et al., 2006) subscales. Discrepancies in the subscales

that showed significant correlations with help-seeking attitudes may have been related to differences in the sample characteristics: Folberth (2014) included men who use discussion forums focused on Appearance and Performance- Enhancing Drugs (APEDs), physical fitness and bodybuilding; Good et al. (2006) included men who have experienced TBIs or SCIs and were engaged in rehabilitation at the time of the study; Mahalik et al. (2003) used a sample of university students; and Berger et al. (2013) included participants who met threshold for a psychological disorder, based on screening measures. As such, the differences between population characteristics may have influenced the relationships between particular subscales and help-seeking attitudes.

Conformity to masculine norms and help-seeking intentions

All eight studies that used measures of intentions to help-seek showed that increased CMNI scores were associated with decreased intentions to seek help. Studies using the ISCI and the WSHQ showed an association that indicated that participants conforming more to masculine norms reported decreased likelihood of seeking counselling support (ISCI) or seeking help in a more general sense (WSHQ) for a pre-specified list of possible emotional or psychological difficulties. In contrast, studies utilising the GHSQ allowed for participants to indicate their likelihood of seeking help from a range of different sources (e.g. doctor, partner, religious leader), finding that participants who endorsed masculine norms more were less likely to seek help from a range of different help-sources.

Cole (2013) used the full measure of the CMNI-46, but provided additional subscale analyses, which indicated an inverse relationship between the *Emotion control*, *Self-reliance*, *Playboy* and *Violence* subscales, when correlated with intentions to seek help for depressive symptoms, as measured by the PRDS.

A strength of the GHSQ is that it includes a mixture of professional and informal help-sources and the help-sources can be adapted depending on the relevance for the study in question. Analysis of the differential relationships between conformity to masculinity and intentions to seek help from

particular help-sources provides further insight into the way in which masculinity influences help-seeking by highlighting characteristics of help-sources that may improve or obstruct help-seeking. Sears et al.'s (2009) study with adolescent boys provided analysis differentiating between the intention to seek help from male and female friends. Significant negative associations were found between conformity to the masculine norm of *Emotional control* and intentions to seek help from both male and female friends, indicating that boys conforming more with *Emotional control* norms reported reduced intention to seek help from both male and female friends. However, with regards to the norm of *Self-reliance*, a significant negative association was only found between conformity to *Self-reliance* norms and intentions to seek help from male friends, but not female friends. While this was only correlational analysis and causal mechanisms cannot be fully determined, this indicates that the masculine norm of *Self-reliance* may be less of a barrier to seeking help if the help-source is a female friend.

Conformity to masculine norms and stigma related to help-seeking

Eight studies included in this review assessed stigma in relation to help-seeking, predominantly using the Self-Stigma of Seeking Help (SSOSH) scale. All studies found there to be a significant positive association between the CMNI score and self-stigma score, indicating that participants conforming more strongly to masculine norms also report increased self-stigma in relation to help-seeking.

Over half of these studies ($n = 5$) additionally investigated the role of self-stigma (as measured by the SSOSH) in the relationship between masculinity and help-seeking attitudes or intentions (Heath, 2019; Mahalik & Di Bianca, 2021; Ramaeker & Petrie, 2019; Vogel et al., 2011; Wasylkiw & Clairo, 2018). Findings from these studies indicated that self-stigma plays a partially mediating role in the relationship between masculinity and both help-seeking attitudes (Heath, 2019; Vogel et al., 2011; Wasylkiw & Clairo, 2018) and help-seeking intentions (Heath, 2019; Mahalik & Di Bianca, 2021). This indicates that participants conforming more to masculine norms reported more negative

attitudes towards help-seeking and reduced intentions to seek help, partially as a result of increased self-stigma. One study (Ramaeker & Petrie, 2019) with athlete and non-athlete participants explored both help-seeking attitudes and help-seeking intentions, in relation to conformity to masculine norms and self-stigma. Findings indicated that, for both groups, conformity to masculine norms were related, indirectly through their effects on self-stigma and help-seeking attitudes, to having lower intentions to seek help (counselling). This indicates that participants who conformed more strongly to masculine norms reported reduced intentions to seek counselling, as a result of increased self-stigma and more negative attitudes towards help-seeking. Heath (2019) also found that risk related to disclosure, as well as self-stigma, was a partial mediator of the negative relationship between the masculine norms of *Emotional control* and *Self-reliance* and help-seeking attitudes.

Two studies examined these relationships in the context of depressive symptoms. In one study (Wasylkiw & Clairo, 2018), the findings of self-stigma as a partial mediator remained when controlling for depression, indicating that those who conformed more to masculinity reported more negative help-seeking intentions, as a result of increased self-stigma and irrespective of severity of depressive symptoms. Another study (Mahalik & Di Bianca, 2021) used path analyses to determine the relationships between conformity to masculine norms of *Emotional control* and *Self-reliance*, help-seeking attitudes, self-stigma and depression. The partial mediation model found to best fit the data indicated that increased depressive symptomatology predicted increased conformity to both *Emotional control* and *Self-reliance* and both masculine norms predicted reduced intentions to seek help, partially explained by increased self-stigma. This further indicated that both the indirect positive relationship between depressive symptoms and self-stigma, and the indirect negative relationship between depressive symptoms and intentions to seek help, were fully explained by conformity to the masculine norms of *Emotional control* and *Self-reliance*.

One study (McDermott et al., 2017), with a student veteran population, found a positive correlation between conformity to the *Emotional control* and *Self-reliance* masculine norms and self-stigma, similar to the findings in other studies. However, this study also investigated the relationship between emotions of shame and guilt (as measured by the PFQ-2), self-stigma and masculinity. The study found that conformity to the masculine norms of *Emotional control* and *Self-reliance* were mediators of the relationship between the emotions of shame and guilt with self-stigma, but only for student veterans who had a history of war-zone deployment.

Two studies reported findings of the relationship between public stigma and conformity to masculine norms (Shea et al., 2019; Wasylkiw & Clairo, 2018). Although the two measures of public stigma measured them in inverse directions (i.e. the subscale of the IASMHS measures indifference to public stigma, while the SSRPH measures perceived social stigma), results indicated similar patterns of relationship with conformity to masculinity. Shea et al. (2019) reported a significant positive correlation between public stigma (as measured by the SSRPH) and conformity to the masculine norm of *Emotional control*, indicating that those conforming more to the masculine norm of *Emotional control* reported increased levels of public stigma. Wasylkiw and Clairo (2018) found there to be a significant negative correlation between indifference to public stigma (as measured by one subscale of the IASMHS) and conformity to masculine norms, indicating that those conforming more to masculine norms reported being more affected by public stigma.

With regards to demographic differences, Vogel et al. (2011) found that the relationship between conformity to masculine norms and self-stigma of help-seeking was weaker for African American men, compared with White American men, despite the fact that African American men scored more highly as conforming to masculine norms. Additionally, it was found that the direct relationship between conformity to masculine norms and attitudes towards help-seeking was strongest for African American men, but the relationship between self-stigma and attitudes towards help-seeking was weakest for African American men, when compared with other minority men. Asian

American men showed a similar pattern, with increased overall conformity to masculine norms, but a weaker relationship between masculine norms and self-stigma, when compared with White American men. Importantly, the relationship between conformity to masculine norms and attitudes towards help-seeking was not significant for Asian American men, but was significant for every other ethnic group. Authors concluded that for Asian American men, self-stigma fully mediated the relationship between conformity to masculine norms and attitudes towards help-seeking. Vogel et al. (2011) also found a weaker relationship between conformity to masculine norms and both self-stigma and attitudes towards help-seeking for gay men compared to heterosexual men. Unlike heterosexual men, for gay men the relationship between conformity to masculine norms and attitudes towards help-seeking was non-significant and was fully mediated by self-stigma, which authors suggest may be due to an emphasis on internalisation.

1.5 Discussion

The aim of the current review was to evaluate and summarise the up-to-date literature exploring the associations between conformity to masculine norms (as measured by the CMNI) and help-seeking behaviour for emotional or psychological distress. Following a systematic search, 14 empirical studies, including 10,259 participants, published between 2003 and 2021 were identified for inclusion in this review.

1.5.1 Masculinity and help-seeking

Unlike previous reviews (Seidler et al., 2016; Wong et al., 2017), this review differentiated attitudes towards seeking help from intentions to seek help. Ajzens's Theory of Planned Behaviour (TPB; Azjen, 1991) distinguishes between attitudes and intentions as two different processes, with attitudinal beliefs influencing intentions. Smith et al. (2008) confirmed the importance of this, in their exploration of links between conformity to masculine norms, help-seeking attitudes and help-seeking intentions, in line with the TPB model, finding that attitudes towards help-seeking partially

mediate the relationship between conformity to masculine norms and intentions to seek help for psychological difficulties.

Despite the acknowledgement of attitudes and intentions as two separate constructs, findings of a significant inverse relationship between conformity to masculine norms and both constructs of help-seeking were consistent for studies across both groups (attitudes: n = 10; intentions: n = 8). This indicates that individuals conforming more with masculine norms consistently reported reduced intentions to, and more negative attitudes towards, seeking help for emotional or psychological difficulties. While this finding of similar patterns across attitudes and intentions may be somewhat surprising, it may be related to the particular construct being measure by the CMNI. Given the theoretical research highlighting attitudinal beliefs to be a precursor to behavioural intentions, it would be expected that internalised cognitive mechanisms (attitudes) would be in line with intended behavioural actions (intentions). The CMNI is a measure of internalised personal conformity to masculine norms, which may link strongly with attitudinal beliefs about help-seeking, therefore influencing behavioural intentions. Studies exploring men's agreement with traditional masculine stereotypes (e.g. using measures like the MRNI-R, as outlined earlier in this review), rather than personal conformity to those stereotypes may be where a differential pattern is seen between the impact of masculinity on attitudes towards help-seeking compared to intentions to seek help.

Analysis of CMNI subscales found that the *Emotional control*, *Self-reliance* and *Violence* subscales were all significantly negatively associated with help-seeking attitudes and intentions. The association between help-seeking and *Emotional control* and *Self-reliance* subscales is somewhat intuitive, as both norms are, by definition, incompatible with the act of seeking external help. *Emotional control* (i.e. restraining ones emotions and/or not expressing it to others), is not aligned with the behaviours involved in seeking help for emotional difficulties - i.e. having to express that one is struggling with an emotional experience. Similarly, *Self-reliance* outlines men's tendency to strive for autonomy and self-sufficiency, which again is incompatible with the demands of help-

seeking, which requires men to turn to someone else for support. Five studies included in this review focused solely on the *Emotional control* and *Self-reliance,* indicating the awareness within the literature that these two subscales hold significant importance in the relationships between conformity to masculine norms and help-seeking (Heath, 2019; Mahalik & Di Bianca, 2021; McDermott et al., 2017; Sears et al., 2009; Shea et al., 2019).

However, the *Violence* subscale has received much less attention within the literature in relation to help-seeking. Power, dominance and control have long been theorised as linked to violence within relationships (Hamberger et al., 2017; Malik & Lindahl, 1998), with violence being used as a means to exert, and maintain, control and power over another person. One might hypothesise that individuals who endorse the proposed masculine norm of *Violence* also hold strong beliefs about the importance of maintaining power, control and dominance over others. Therefore, conforming to the masculine norm of *Violence* may be a way for men to deny and avoid vulnerability and lack of power (Gerdes & Levant, 2018). This may subsequently contribute to a reluctance to seek help, as seeking help for mental health difficulties is a process that acknowledges, or at least partly connects with the idea, that one is feeling powerless and out of control (Gannon, 1982). This may explain the consistent findings of an inverse relationships between the *Violence* subscale of the CMNI and help-seeking outcomes.

1.5.2 The role of stigma

Although not the primary focus of this review, it was noted that stigma in relation to help-seeking was linked with conformity to masculine norms and help-seeking constructs across eight of the included studies. All eight studies found there to be a significant positive association between conformity to masculinity and scores for self-stigma. In prior research, stigma has sometimes been used as a reverse proxy for help-seeking attitudes or intentions (Wong et al., 2017); however, five studies found that self-stigma plays a partially mediating role in the link between conformity to masculine norms and help-seeking attitudes and intentions.

Stigma is undoubtedly a separate, but related, construct to help-seeking, in that it factors into help-seeking behaviour. Corrigan (2004) distinguishes between public stigma and self-stigma in relation to mental health. Public stigma is defined as "what a naive public does to the stigmatized group when they endorse the prejudice about that group", while self-stigma is defined as "what members of a stigmatized group may do to themselves if they internalize the public stigma". The studies included in this review largely assessed self-stigma, rather than public stigma, but it is noted that self-stigma is essentially an internalisation of public stigma, so is closely related.

The stigma-related beliefs linked to mental health, as highlighted in the SSOSH measure of self-stigma, include feeling inadequate, less confident, less intelligent and inferior. These beliefs may be incompatible with beliefs about what it means to be a man (e.g. being strong, having control over oneself, being dominant) which may explain the partial mediation of the link between masculinity and help-seeking. While this may be internalised stigma for the individual, it is closely linked to public stigma (e.g. the impact of being perceived by others to be weak or inadequate).

Summary of key findings

While this review highlighted the consistent finding of an inverse relationship between conformity to masculine norms and both attitudes and intentions to seek help for psychological distress, it also explored some of the findings of partial mediators, including self-stigma. This review highlights the need for further research to explore other factors that may support the explanation of the link between conformity to masculine norms and help-seeking, as well as consider other contributing factors that may be independent of conformity to masculinity, but still relevant to men's help-seeking.

1.5.3 Strengths and limitations

An important limitation of the studies included was that all 14 studies were conducted within the North American continent. Although the CMNI is acknowledged to be a measure of adherence to

traditional Western masculine norms and was developed in North America, the geographic context is likely to be relevant in the manifestation of these norms and their relationships to help-seeking. As such, research conducted in European countries or other Western countries may produce differing patterns of results. Additionally, although the CMNI has been validated cross-culturally with different ethnic groups, almost all samples in the included studies in this review were majority White Caucasian participants, with only one study in this review (Vogel et al., 2011) making deliberate efforts to include an ethnically diverse sample. This is particularly important given the findings from Vogel et al.'s (2011) study, indicating that the relationships between conformity to masculine norms, help-seeking intentions and self-stigma differed for minoritised ethnic groups compared to White groups.

Participants across the studies reviewed were also predominantly recruited from university samples. Of the 14 studies included in this review, half included university students. This raises a number of limitations in relation to generalisability of findings and ethical issues. The variation in age of university students is significantly different to the general population, with university students being at a very particular life stage which importantly may affect the degree of influence that social norms have. Additionally, there is likely to be a bias of elevated socioeconomic status (SES) of participants, as statistics indicate that individuals with higher SES are more likely to attend university in North America than their same-age equivalents from a low SES background (U.S. Census Bureau, 2014). University campuses are very specific environments, so generalisability of results based on university students is limited. As well as this, some university participants received course credit in exchange for their participation which may raise ethical issues, with the potential recruitment of participants who are unwilling to give correct information or who feel coerced into participation.

It is also important to note that there were five studies included in this review that sampled very specific populations (e.g. military veterans with mild brain injury; McDermott et al., 2017). While some of the nuances in findings between studies were discussed in this review, it should be

acknowledged that results from studies based on specific samples are less comparable with males in the general population.

Based on the STROBE checklist for good reporting of research, only one included study (Heath, 2019) scored 100% for sufficient reporting across all relevant areas. However, the other 13 studies scored between 75% and 96%, indicating a generally decent level of reporting standards, which validates the confidence that can be held in the conclusions drawn. For studies where information was missing or insufficient, this did often relate to important areas of the research report (i.e. methods, results). The STROBE assessments for studies in this review highlighted particular areas of deficit to be derivation of sample size, participation rate and participant attrition, efforts to reduce methodological bias, the handling of missing data and declaration of funding sources. Each of these highlight possible areas that may have contributed towards a possibility of biased methodology and subsequent biased findings, as well as ethical issues compromising the study, all of which raises questions about the interpretation of the results.

Seidler et al.'s (2016) previous review exploring the link between masculinity and help-seeking focused solely on those presenting with depression and included a range of measures of masculinity. It did not bring specific attention to the construct of conformity to masculine norms but masculinity more generally. Other reviews have focused on conformity to masculine norms using the CMNI, but have included a range of different outcomes and have collapsed all help-seeking constructs (i.e. stigma, attitudes, intentions) into one outcome variable (Wong et al., 2017). The current review focused solely on the CMNI measure to provide specific focus on one construct of masculinity, while allowing for inclusion of studies focusing on any mental health difficulty or wellbeing-related outcome. This allowed for more specificity in comparisons, which gave space for the nuances of differences in constructs of help-seeking to be explored.

One limitation of this review was that inclusion criteria specified only for study samples to include males, rather than necessitating that samples were solely male. Only one study including a mixed gender sample highlighted discussion of gender differences (Heath, 2019), meaning that the inclusion of mixed gender samples in other studies may have affected the results and findings reported. Additionally, only studies written in the English language were included. While this may have contributed to the geographic bias highlighted earlier, exclusion of non-English language studies may limit the scope of available studies and evidence that supports or refutes the findings from the included studies. Due to the focus of this review on studies using the CMNI, only quantitative studies were synthesised in this review; qualitative studies of the relationship between masculinity and help-seeking would likely add a rich amount of information to aid our understanding of the ways in which masculinity may shape help-seeking attitudes and intentions.

1.5.4 Future directions for research

Although all studies included in this review focused on help-seeking for psychological distress, very few studies sampled clinical populations. Research has indicated that the severity of mental health difficulties can impact on reluctance to seek help (Bland et al., 1997), so future research is needed to evaluate the combined impact of mental health severity and masculinity on both help-seeking attitudes and intentions. The use of clinical samples allows for exploration of barriers to men's help-seeking that are more related to the healthcare systems being accessed. Furthermore, when clinical samples have been used, there has been a particular focus on depression. The field would benefit from research exploring a more diverse range of mental health issues, including anxiety disorders, psychosis, eating disorders and personality disorders, as the impact of masculinity on help-seeking may differ in nuanced ways across different mental health disorders. Now that a clear inverse relationship between masculinity and help-seeking has been established among healthy, non-clinical samples, future research should focus more on how this relationship manifests

and affects clinical samples and consider other factors, beyond masculinity, that impact on men's reluctance to seek help.

While a number of studies found stigma to be a partial mediator of the relationship between masculinity and help-seeking, the picture is more complex. Although some studies included in this review highlighted other factors contributing to this relationship and men's reluctance to seek help (e.g. disclosure risks – Heath, 2019; feelings of guilt and shame – McDermott et al., 2017), it is important for future research to consider the wider help-seeking literature to acknowledge the range of different facilitators and barriers involved. This is not only important to understand the varied reasons why men tend to be more reluctant to seek help, but it is also important to move away from the idea that masculinity is the dominant factor, as this locates the problem within the individual men that it affects and fails to fully acknowledge and address the role of the wider environmental, societal and systemic issues also at play.

Only one study (Vogel et al., 2011) included in this review considered differences in patterns of association between masculinity, stigma and help-seeking, with regard to different demographic groups. Research has evidenced that mental health stigma is elevated for individuals belonging to ethnic minority groups, religious communities and individuals identifying with sexual minorities (Eylem et al., 2020; Layland et al., 2020; Peteet, 2019). This is hypothesised to be a 'Double Stigma' (Gary, 2005), as individuals already belong to a stigmatised group and experience stigma in relation to their identity, which is then compounded by additional mental health stigma. As such, it is evident that gender is not the only relevant factor to take into consideration when explaining men's attitudes towards help-seeking. Additionally, a recent systematic review highlighted a number of different contextual barriers found in the literature around men's help-seeking in relation to health, including lack of time to arrange appointments and poor communication with health professionals (Yousaf et al., 2015). It is imperative that future research focuses more on exploring demographic differences

and contextual factors and how they interplay with each other and the constructs of masculinity and stigma to impact on men's help-seeking attitudes, intentions and behaviours.

Future research should also attend to different types of help-seeking and sources of help in relation to masculinity. Findings from two studies included in this review showed differential relationships between masculinity and help-seeking depending on the gender or type of help source and the type of help being offered (Berger et al., 2013; Sears et al., 2009). Taking steps to seek formal, professional support may involve very different factors and mechanisms compared to seeking help from family or friends. Pattyn et al. (2014) found that different types of stigma (self-stigma and public stigma) were differentially associated with seeking help from different sources (formal mental health professionals and family and friends), indicating the different mechanisms at play in relation to seeking help from different sources. While conformity to masculine norms may be understandably linked to self-stigma amongst men, perceived public stigma from others may be extremely relevant to the reasons why men do not want to seek help, and importantly, the perceptions of public stigma may differ depending on source of help.

This review reiterates the need for a shift within clinical approaches and service design in order to appeal to male service-users. A recent Delphi study, focusing on depression in men, found consensus among a range of mental health professionals with regards to the necessary training that is to be provided for practitioners working with men experiencing depression (Seidler et al., 2019). An initial pilot evaluation of a bespoke training for mental health professionals in Australia, derived from the Delphi study, indicated promising findings for upskilling professionals in engaging and working with male clients in a therapeutic context (Seidler, Wilson, Toogood, et al., 2022). While addressing how individual clinicians can be more proficient in how to engage men in treatment, it is also important to consider how services are designed and structured in order to appeal to those who are less likely to seek help. Research has indicated that men may prefer an environment very different to a formal health service, which involves active action-oriented tasks, rather than a talk-focused

therapeutic intervention (Ballinger et al., 2009). A recent piece of action research using community psychology approaches in the USA led to a series of recommendations from men of colour about how to support increased awareness, engagement and support around their own mental wellbeing (Byrd et al., 2019). As this research highlights, it is important that service initiatives to engage men are not a "one-size-fits-all" approach and that the differences between particular populations based on cultural and demographic characteristics are incorporated. Centring the lived experience of the specific population that services hope to reach, as done in Byrd et al.'s (2019) action research, can lead to recommendations being not only more culturally sensitive and relevant to the specific population, but also more acceptable and directly feasible.

As this review highlights, there are a number of different studies that have identified the mediating role of stigma in the relationship between masculinity and both help-seeking attitudes and intentions. This highlights the crucial role that destigmatization of mental health can play in facilitating a shift in men's attitudes, intentions and behaviours in relation to seeking help for emotional or psychological distress. It is extremely important for policymakers and services to increase proactive public health campaigns that target destigmatization of mental health and accessing mental health support. In relation to men, this destigmatization should focus on messages that endorse masculine norms as central to the help-seeking process; e.g. highlighting the strength involved in seeking help from others and emphasising that taking these steps is an indicator of autonomy and self-sufficiency by stepping forward to acknowledge that support is needed. This, in combination with a different service-offering as highlighted previously, may collectively target men's reduced likelihood of help-seeking. Community-based initiatives may not only provide answers about what men want and need with regards to their wellbeing, but may also allow for an increased sense of power and agency over managing their own problems, which may support increased engagement in community-devised treatment.

1.5.5 Conclusions

In summary, this review highlights a well-documented inverse relationship between conformity to masculine norms and men's attitudes towards, and intentions to, seek help for psychological distress. The role of stigma in partially mediating this relationship has also been highlighted, with acknowledgement of the complex interplay of other contextual, demographic, culturally-specific and individual factors. Future research needs to consider the nuances of a range of factors that mediate the relationship between masculinity and help-seeking and contribute directly to men's help-seeking attitudes and intentions in relation to psychological distress and mental health difficulties. Public health initiatives that destigmatize mental health and emphasise the ways in which help-seeking aligns with masculine norms should be utilised, in combination with improved training for mental health practitioners on the specific issues related to masculinity that impact on men's engagement in mental health treatment. Clinical services should consider the way in which treatment is offered to men, which may require redesign and consideration of more bespoke approaches (e.g. outside of a formal clinic setting) or community-based approaches.

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Part 2: Empirical Paper

Exploring masculinity, experience of distress and help-seeking within a UK male prison

2.1 Abstract

Aims: Men's prisons are theorised to be environments where masculine ideals are heightened and perpetuated. Research indicates that prisoners and prison officers have high rates of mental health difficulties, but treatment uptake is low. This empirical study aimed to understand the prevalence of conformity to masculine norms amongst prisoners and prison officers and how this shapes, and relates to, experiences of psychological distress and help-seeking. We hypothesised that conformity to masculine norms would be negatively correlated with help-seeking intentions and positively correlated with psychological distress.

Methods: A mixed-methods approach was used in this two-part study, with prisoners and officers recruited from a Category C men's prison in the UK. Part 1 was a cross-sectional design, with 109 prisoners and 35 officers completing three questionnaires assessing conformity to masculine norms, psychological distress and help-seeking intentions, as well as demographic information. Correlation analyses were conducted to determine associations between the three variables amongst prisoners and officers. Group comparisons were also conducted to compare prisoners and officers, as well as determine any influence of demographic variables. Part 2 involved conducting semi-structured interviews with 6 prisoners and 4 officers who participated in Part 1. Reflexive thematic analysis was used to develop themes and sub-themes to understand how masculinity shapes experiences of distress and help-seeking in prison.

Results: As hypothesised, Part 1 found a negative correlation between conformity to masculine norms, particularly *Emotional control*, and help-seeking intentions for both prisoners and officers, as well as a positive correlation between conformity to masculine norms and psychological distress amongst prisoners only. Comparing prisoners and officers, prisoners conformed more to the masculine norms of *Self-reliance*, *Primacy of work* and *Heterosexual self-presentation* and officers conformed more with the masculine norms of *Violence* and *Playboy*. Thematic analysis in Part 2

highlighted themes of *Holding it in*, *Image and perception* and *Control* for prisoners, and *Expectations of the role* and *Hiding and showing vulnerability* for officers.

Conclusions: The findings of this study support the understanding of prisons as environments where masculinity is performed, highlighting a distinction between public and private spaces where individuals' conformity to masculinity differs and expression of some vulnerability can be permitted. Findings are discussed in relation to previous research, highlighting clinical implications and future directions for research.

2.2 Introduction

2.2.1 Gender differences in mental health

The overall prevalence rates of mental health difficulties are very similar for men and women (World Health Organization, 2002), but gender differences are noted for specific disorders. For example, women are more likely than men to receive a diagnosis of depression – even when presenting with identical symptom descriptions (World Health Organization, 2002); meanwhile, men are three times more likely than women to be diagnosed with Antisocial Personality Disorder (World Health Organization, 2002). While there is a higher prevalence of suicidal thoughts and attempts amongst women, men are more likely to die by suicide (Addis & Mahalik, 2003; World Health Organization, 2019). These differences are also evident earlier in the lifespan: compared with female children, male children are three times more likely to be diagnosed with Conduct Disorder in childhood (Scott, 1998).

Seeking help for mental health difficulties has been defined as "an adaptive coping process that is the attempt to obtain external assistance to deal with mental health concerns" (Rickwood & Thomas, 2012), which can be done formally via mental health services and/or healthcare practitioners, or informally (e.g. familial/peer support). Globally, over 70% of people who experience mental health difficulties are not in receipt of any formal mental health treatment (Thornicroft, 2007). In the UK, only 39% of adults experiencing clinically significant mental health difficulties reported currently receiving mental health treatment at the time of interview (Lubian et al., 2016). Research has consistently found that men are significantly less likely than women to receive treatment for mental health difficulties (Lubian et al., 2016), which holds true across most sociodemographic characteristics (D'Arcy & Schmitz, 1979; Husaini et al., 1994; Neighbors & Howard, 1987).

The hypothesized reasons for this are multifaceted, but two non-gender-specific factors that have been highlighted as influential are: (1) prejudice against people who have mental illness; and (2) expectations of discrimination against people who have a diagnosis of mental illness (Henderson et al., 2013). These two factors can vary in degree across different sociodemographic groups, but with regards to gender, may be particularly heightened and prevalent for men, compared with women, due to the pressure to conform to masculine stereotypes.

2.2.2 The role of masculinity

Gender role norms, in the same manner as social norms (Cialdini & Trost, 1998), are the rules and standards that guide (and possibly constrain) particular behaviours that are more in line with "masculinity" and "femininity", respectively (Mahalik et al., 2003). Conformity to gender role norms is defined as "meeting societal expectations for what constitutes masculinity [or femininity] in one's public or private life" (Mahalik et al., 2003). Mahalik et al. (2003) posits that both group and individual factors (e.g. racial identity, socioeconomic status) affect an individual's experience of how gender role norms are communicated. Additionally, it is theorised that group and individual factors subsequently impact on how an individual conforms to relevant gender role norms. Therefore, an individual may gain both benefits and costs from either conforming, or not conforming, to gender role norms.

Hegemonic masculinity is defined to be the idealized pattern of masculinity in patriarchal societies (Connell, 1995). A wide range of masculine norms have been identified, including violence, dominance, power over women, physical toughness, pursuit of status, emotional control and self-reliance (Mahalik et al., 2003).

Research has consistently found that there is an association between conformity to masculine norms and increased psychological distress (Shea et al., 2019; Wasylkiw & Clairo, 2018). One meta-analysis was based on a combined sample of 19,453 participants and included 74 studies using the

Conformity to Masculine Norms Inventory (CMNI) and a range of measures of psychological distress (Wong et al., 2017). Findings indicated that conformity to masculine norms was positively associated with negative mental health and inversely related to positive mental health, although effect sizes were small *(r* = .16 and *r* = -.12, respectively). Masculinity-related constructs are also empirically associated with increased difficulties with interpersonal intimacy (Cournoyer & Mahalik, 1995; Fischer & Good, 1997), higher levels of health risk behaviours (Mahalik et al., 2006) and with reluctance to use psychological services (see studies referenced in Part 1 of this thesis e.g. Wasylkiw & Clairo, 2018). Masculine socialization toward stoicism, interpersonal dominance, and self-reliance often leaves men ashamed of, and resistant to, being vulnerable and seeking help for psychological difficulties (Addis & Mahalik, 2003; O'Neil, 2008), with hegemonic masculinity endorsing lack of emotional expression and concealing psychological distress to avoid being seen as weak (Hoy, 2012; Johnson et al., 2012; Oliffe & Phillips, 2008).

2.2.3 Prison, masculinity and mental health

Although prisons may reflect the cultural and social norms of their "host society" (Cohen & Taylor, 1972), characteristics of the prison environment itself (e.g. a single-sex environment governed by a rigid regime) also results in a particular manifestation of these norms (De Viggiani, 2012). Prisons housing men are recognised to be environments underpinned by ideologies and discourses endorsing hegemonic masculinity (Sabo, 2001; Sim, 1995). The perpetuation of adherence to normative masculinity is acknowledged to be facilitated not only through the hierarchical structure within the male prison population, but also preserved by the actions and behaviour of staff within such settings (Scraton et al., 1991). De Viggiani (2012) suggests that, in prison environments, prisoners[1] activate a range of masculinities 'to ensure emotional, psychological

[1] For the purposes of this study, the term "prisoners" will be used to refer to men living in prison custody.

and social survival, employing strategies to mask self-perceived weakness or vulnerability and to attain status and legitimacy'.

Research has documented the elevated rates of mental health difficulties among prisoners compared with the general population. Findings indicate that male prisoners are four times more likely than men in the general population to experience psychosis, up to five times more likely to experience depression, up to 13 times more likely to have a Personality Disorder diagnosis and up to ten times more likely to experience Post-Traumatic Stress Disorder (Fazel & Baillargeon, 2011; Fazel & Seewald, 2012). However, considerable evidence suggests low rates of identification or treatment of these difficulties (Fazel et al., 2016).

While the prevalence and treatment of mental health amongst prisoners has been widely researched, less is known about how prison environments not only impact those who live there, but also those who work within them. A few studies in the UK have found that over 50% of prison officers meet criteria for a mental health difficulty to the degree that would warrant intervention (Harvey, 2014; Kinman et al., 2017; Walker et al., 2015). However, recent data indicates that only one in eight (12%) prison officers are referred for mental health assessment (Matharu, 2019).

The environment of prison, through endorsing hegemonic masculinity, may provide some explanation as to why both prisoners and prison officers with mental health difficulties seldom access and receive treatment. One may hypothesise that living or working in an environment that perpetuates, or at least does not actively discourage, ideologies of emotional suppression and self-reliance (not solely for the purpose of acceptance but also for the purpose of protection) could have a significant impact on men's help-seeking behaviour.

2.2.4 Study rationale

Recent government legislation in the UK has highlighted that improving the mental health of prisoners is a key priority (Ministry of Justice, 2021). For men in prison to be able to receive psychiatric and psychological interventions for mental health difficulties, it is important to understand the barriers to seeking help for distress they face and, in particular, to develop an understanding of how the wider environmental (and societal) impact of adherence to masculine norms may impact upon this. Given the known lower proportions of those with mental health difficulties actually seeking and receiving treatment in prisons, it is important to understand how this environment affects help-seeking amongst both prisoners and prison officers and what role masculinity-related constructs play within this. It is also important to explore how this, in turn, impacts on how others respond to distress (e.g. other prisoners and prison officers), who often take on the role of "first responders" to mental health difficulties.

2.2.5 Aims, hypotheses and research question

The primary aims of this research were:

1. To understand the prevalence of conformity to masculine norms in prisoners and prison officers and subsequently whether this correlates with self-reported wellbeing.
2. To explore how psychological distress is understood by prisoners and prison officers within the male prison environment.
3. To better understand how conformity to masculine norms relates to help-seeking behaviour (and responding to distress in other men) for both prison officers and prisoners.

Due to the nature of the research aims, a mixed-methods approach was taken: in Part 1 of the study, quantitative data analysis of self-report questionnaires was undertaken, followed by qualitative analysis of in-depth interviews in Part 2.

For Part 1, on the basis of Mahalik et al. (2003) and Wong et al. (2017), we hypothesised that there would be a negative correlation between conformity to masculine norms and likelihood of help-seeking, meaning that participants conforming more with masculine norms would be less likely to seek help for emotional difficulties.

On the basis of Shea et al. (2019) and Wasylkiw and Clairo (2018), we also hypothesised that there would be a positive correlation between conformity to masculine norms and self-reported psychological distress, indicating that participants conforming more with masculine norms would experience higher levels of psychological distress.

For Part 2, the overarching research question was "How does masculinity shape experiences of psychological distress and help-seeking within a prison environment?".

2.2.6 The context of Covid-19

The context in which this current project took place is highly relevant, with UK prison services being significantly affected by the Covid-19 pandemic. For prisoners in custody during the pandemic, there were additional restrictions on the day-to-day regime (e.g. minimal time outside of cells, limited (or zero) face-to-face access to employment and education, less time spent engaged in meaningful activity, fewer opportunities to mix socially with other prisoners and restricted access to support networks outside prison, with visits in many UK prisons being suspended). These changes undoubtedly impacted on the mental wellbeing of men in custody, with reduced access to usual coping mechanisms, possible increased feelings of isolation and loneliness and potential increased anxiety around their own health, as well as the health and wellbeing of loved ones.

For prison officers, the impact has been different in nature, though similarly significant. Throughout the pandemic, prison officers were classified as essential "keyworkers", requiring them to continue to attend their place of work, regardless of national or local lockdowns. One may hypothesize the presence of increased anxiety about the health and safety of themselves and their

loved ones due to increased likelihood of transmission, moving between work and home and working in confined settings. Furthermore, day-to-day duties needed to adapt, including managing the understandable emotional responses of men in custody who were experiencing a highly restricted regime (e.g. up to 23.5 hours behind a cell door each day). These changes in the working life of prison officers may also have been compounded by changes in their personal life (e.g. reduced access to social support and usual ways of coping as well as bereavements linked to Covid-19).

As such, this research feels particularly important, at a time where the wellbeing of both prisoners and prison officers was being additionally affected by the pandemic.

2.3 Method

2.3.1 Setting

This research was conducted between August 2021 and March 2022 in a UK men's prison, during the Covid-19 pandemic. With regards to methodology specifically, the increased restrictions and new ways of working within custodial settings due to the pandemic led to reduced access to prisoners residing within the establishment, which had a significant impact on data collection and feasibility. As such, quantitative data collection took place over a longer time period than originally anticipated, in order to meet the sample size requirements. Similarly, qualitative data collection was delayed due to restricted access to participants. For recruitment of prison officers, similar difficulties occurred, with their daily duties changing significantly in response to the pandemic, and therefore less time being available to engage in answering questionnaires. All interviews with prison officers were conducted online, rather than in person.

2.3.2 Part 1 – Quantitative

Design

Part 1 of the study was cross-sectional, with data collected at a single time-point for the two participant groups (prisoners and prison officers). Within-group correlations were carried out

between scores of a self-report measure of conformity to masculine norms: Conformity to Masculine Norms Inventory-46 (CMNI-46; Mahalik et al., 2003), a self-report measure of psychological distress: Clinical Outcomes in Routine Evaluation-Outcome Measures (CORE-OM; Evans et al., 2000), and a self-report measure of help-seeking intentions: General Help-Seeking Questionnaire (GHSQ; Wilson et al., 2005), including total scores as well as subscale scores for all three measures. In addition, associations between these three measures and demographic variables were explored.

Power Analysis

A power analysis was conducted to inform the expected sample size for both prisoner and prison officer participants. For prisoners, this was informed by three prior studies (Amato, 2012; Gordon et al., 2013; Iwamoto et al., 2012), which used the CMNI questionnaire with male prisoners (correlated with different variables) and found correlation coefficients ranging from .18 (small) to .60 (large). The midpoint of these (.39) was used for the power calculation for this study. A power calculation was completed using the "G*Power 3" programme (Faul et al., 2009), setting alpha = 5% and desired power = 80%. The required sample size was estimated to be 46, with approximately 620 eligible prisoners within the establishment.

For prison officers, the power calculation was informed by two prior studies (Gomory, 2017; Lancione, 2015), one of which used the CMNI questionnaire with prison officers (Gomory, 2017), while the other used the Gender Role Conflict Scale (GRCS; O'Neil et al., 1986) with police (Lancione, 2015). These gave correlation coefficients of .12 (small) and .37 (medium), so the midpoint of these (.25) was used for the power calculation. A power calculation was completed as above, and the required sample size was estimated to be 120. Unfortunately, this sample size exceeded the total number of officers working at the establishment (approximately 80), so for the purposes of this study, the intended sample size was agreed to be 30-60 prison officers.

Participants

All participants were recruited from a UK Category C prison, for adult male sentenced prisoners. In total, 109 prisoners and 35 prison officers took part in Part 1 of the study, recruited through a combination of voluntary sampling and opportunistic sampling. Participants completed a demographics questionnaire and self-report questionnaires measuring constructs of masculinity, psychological distress and help-seeking (see Appendix 3).

Procedure

Prisoners were recruited via manual distribution of a study information sheet and questionnaire pack to all individual cells. Packs also included a consent form and pre-addressed sealable envelope to return completed questionnaires, for those who chose to participate (see Appendix 4). A member of the research team provided a brief description of the study before providing the pack. Those who chose to take part returned their completed questionnaires via the internal mail or through the PIDS (Prisoner Information Desk) worker. Prison officers were recruited through both manual distribution of the questionnaire pack to officers working onsite, as well as two global staff emails with a link to an online version of the questionnaires. Data collection took place over a period of 6 months. All participants completed a demographic questionnaire and the measures described below.

Measure of masculinity

The Conformity to Masculine Norms Inventory (CMNI; Mahalik et al., 2003) was originally developed "to be able to examine the great variability in how men enact masculinity, as well as understand the causes of that variability and the resultant benefits and costs to the individual and others" (Mahalik et al., 2003). The CMNI has been validated cross-culturally with diverse samples of men (e.g., gay men [Hamilton & Mahalik, 2009]; Asian American men [Liu & Iwamoto, 2007]; and Kenyan men [Mahalik et al., 2006]) and with women (Parent & Smiler, 2013). The version of the CMNI used in this study was the CMNI-46 (Parent & Moradi, 2009), which has 46 items, with the output of

9 factor scores and a total score. The nine subscales are: *Emotional control*, *Winning*, *Playboy*, *Violence*, *Self-reliance*, *Risk-taking*, *Power over women*, *Primacy of work*, and *Heterosexual self-presentation*. Items involve identifying the degree to which one agrees with a given statement (e.g., "I tend to keep my feelings to myself") using a 4-point Likert scale ranging from 1 (Strongly Disagree) to 4 (Strongly Agree), giving a maximum possible score of 138.

Measure of psychological distress

The CORE-OM (Evans et al., 2000) is a 34-item measure of psychological distress, with four domains. The four domains are Wellbeing, Functioning, Problems and Risk, with the output of the measure being a total score, a total score minus risk, and a score for each of the four domains. The CORE-OM requires respondents to indicate how frequently over the last 7 days they have experienced the statement described (e.g. "I have felt overwhelmed by my problems"), using a 5-point Likert scale, ranging from 0 (Not at all) to 4 (Most or all of the time), giving a maximum possible score of 136. The measure has been well-validated across diverse samples and is commonly used within clinical settings in the UK.

Measure of help-seeking

The General Help-Seeking Questionnaire (GHSQ; Wilson et al., 2005) was developed to assess help-seeking intentions and has been validated across multiple samples (Wei et al., 2017). Intentions are measured by listing a number of potential help sources and asking participants to indicate how likely it is that they would seek help from that source for a specified problem on a 7-point scale ranging from 1 (extremely unlikely to seek help) to 7 (extremely likely to seek help). The specific sources of help listed and the type of problem can also be modified to be appropriate to the particular research objectives, allowing the scale to be culturally adapted for different samples. For the purposes of this study, the types of problem indicated on the questionnaire were not adapted, and the two problems given were "a personal or emotional problem" and "experiencing suicidal thoughts". Listed help-sources for both prisoners and prison officers included: Partner, Friend,

Parent, Relative, Mental Health Professional, Phone Helpline, Doctor and Chaplaincy. The listed help-sources for prisoner participants were elaborated to include options for Prison Officer and Other Prison Staff. For both groups of participants, one listed help-source was "Other" and allowed for the participant to enter a description of another person they would seek help from (e.g. work colleague).

Statistical Analyses

All statistical analyses were conducted using IBM SPSS Statistics for Windows, Version 28.0. The Shapiro-Wilk test of normality was conducted on all relevant variables, indicating that some data (e.g. subscales of measures and some demographic data) was not normally distributed. Additionally, for group comparisons, Levene's test for equality of variances was conducted, indicating some group variances were significantly different. Both of these tests indicated the need for use of parametric and non-parametric tests, depending on the particular associations or group differences being investigated. For the full breakdown of which variables warranted non-parametric tests, see Appendix 5 for table of results of Shapiro-Wilks and Levene's tests.

A mixture of multivariate Pearson and Spearman's correlation analyses were used to investigate the stated hypotheses, exploring associations between CMNI-46, CORE-OM and GHSQ scores (total and subscales) for the prisoner and officer groups, separately. Exploratory subgroup analyses exploring associations between demographic data and CMNI-46, CORE-OM and GHSQ scores was conducted using Spearman's correlation analyses, independent samples t-tests, Mann-Whitney U tests, ANOVAs and Kruskal-Wallis ANOVAs. Comparisons of CMNI-46, CORE-OM and GHSQ scores between prisoner and officer groups were conducted using Mann-Whitney U tests.

2.3.3 Part 2 – Qualitative

Participants

All participants for Part 2 were recruited from those who had taken part in Part 1 of the study and had indicated an interest in taking part in a follow-up interview. Demographic information for prisoners and officers who participated in Part 2 is displayed in Table 1.

Prisoners: In total, 93 prisoners volunteered to participate in Part 2 of the study. Due to the spread of CMNI-46 scores, this sample was divided into two groups, those scoring either above or below the median. Five participants were randomly selected from each group; however, due to the impact of Covid-19 on access to prisoners and timeframe available, only three participants from each group were able to be interviewed. All prisoner participants who were approached agreed to engage in the interview, resulting in a total of six participants.

Prison Officers: There were 15 prison officer participants who indicated interest in participating in interviews. All 15 participants were approached to invite for interviews, with the aim of interviewing six prison officers. Only four prison officers responded and agreed to participate.

Procedure

All participants engaged in a semi-structured interview with the lead researcher, after providing informed consent (see Appendix 4). Given the topic of masculinity and mental health, semi-structured interviews were chosen over other methods (e.g. focus groups) to ensure confidentiality and prevent participants from influencing the answers of other participants in order to avoid perceived negative social consequences. A semi-structured interview schedule (see Appendix 6) was developed, based on the research question and in line with good practice methodological guidelines (Braun & Clarke, 2013). The questions were refined based on collaboration with the research team and two prisoners, who were Healthcare Representatives for their respective wings. All interviews were recorded (via an audio recording device for prisoners and Microsoft Teams for officers) and

transcribed manually. Interviews were conducted in confidential rooms within the prison grounds with prisoners and outside of working hours online for officers. Prisoners were reimbursed with food goods from the prison restaurant and officers were reimbursed for their time with a £20 voucher.

Table 1 Demographic characteristics for prisoners and officers participating in Part 2*

Participant	CMNI score relative to median	Age	Gender	Ethnicity	Wing	Time in custody (months) /Time working as officer (years)	Offence category
Prisoners							
1	Above	35	Male	Black Caribbean	Main residential	21.5	Drug-related
2	Below	40	Male	Black Other	Vulnerable prisoners	30.6	Sexual
3	Above	22	Male	Black Caribbean	Main residential	20.1	Drug-related
4	Below	38	Male	Asian Indian	Enhanced prisoners	11.0	Drug-related
5	Above	32	Male	White British	Enhanced prisoners	46.8	Drug-related
6	Below	28	Male	White British	Enhanced prisoners	50.9	Violent
Officers							
1	Below	26	Female	Mixed White and Black Caribbean	-	3.8	-
2	Below	39	Female	White British	-	16.8	-
3	Below	28	Male	White British	-	3.7	-
4	Above	32	Male	Mixed White and Black Caribbean	-	5.8	-

* Data collected for officers regarding role and department not reported in order to protect participant confidentiality.

Data Analysis

Interview transcripts were analysed using Reflexive Thematic Analysis (RTA; Braun & Clarke, 2019), which emphasises identifying, analysing and interpreting patterns of meaning across qualitative data. The flexibility of RTA allowed for the specific methodology used to be adapted as was necessary based on initial findings from Part 1. During the analysis process, the researcher took a Critical Realist approach (Willig, 1999), which acknowledges the ways in which participant experiences, and the meanings they construct, are impacted on by the wider social context. In line with the Critical Realist approach, and given that the data from the first part of the study indicated a wide range of scores on the CMNI-46, RTA allowed for the use of a slightly less homogenous sample (e.g. those who scored lower and those who scored higher) to be able to have a dual focus on commonalities, but also unique individual experiences. Additionally, this approach does not warrant a large sample size in order to reach saturation, as the emphasis is on understanding participants' unique experiences in relation to the research topic.

Braun and Clarke's (2006) six step guide to conducting thematic analysis was followed, as below:

1. All ten transcripts were read through in full prior to starting coding in order to familiarise the researcher with the data.
2. Initial codes were generated for the entire dataset by the lead researcher. Inter-rater reliability of codes was explored, with a subset of three transcripts simultaneously coded by the prison mental health team's Assistant Psychologist: one from the group of prisoners who scored above the median CMNI-46 score, one from the group of prisoners who scored below the median CMNI-46 score, and one from the group of officers. After coding transcripts, the Assistant Psychologist and lead researcher came together to discuss codes and possible themes, assessing for inter-coder reliability.
3. All codes were sorted into potential themes.

4. Themes were reviewed, refined and sub-themes were identified.
5. Themes and sub-themes were finalised and grouped.
6. The analysis was then written up, including extracts from the data to demonstrate the identified sub-themes.

Reflexivity

Reflexive Thematic Analysis (RTA) emphasises the need for an awareness of the contribution of the researcher to how meanings are constructed throughout the research process, acknowledging that the researcher is a part of the research process and understanding of the data (Braun & Clarke, 2019; Willig, 2013). While the impact of taking a Critical Realist approach has already been discussed, it is important to state how personal experiences may have impacted on the research.

I am a 27-year-old, Indian British, cisgender, middle class, able-bodied, heterosexual woman. I have not spent time residing in a custodial establishment, nor have any of my friends or family members. My knowledge of the prison environment is based on my professional experience, working in multiple custodial establishments for males. Particular aspects of my identity and experiences have led to the development of a strongly held value within my work of supporting those who have been marginalised by society and are often deemed to be less deserving of help. I have engaged in a bracketing interview with an impartial colleague who has no connection to work within prison services, which allowed me to reflect on how my perspective and experiences have impacted my approach to the research and the assumptions I may hold about the link between masculinity, mental health and help-seeking within the prison environment.

2.3.4 Ethical Considerations

Ethics: The study received ethical approval from HMPPS National Research Committee (NRC reference: 2021-061) and the Number One Governor of the prison (see Appendix 2).

Consent and confidentiality: All participants were given an information sheet for both parts of the study (see Appendix 4). Within the prison environment, confidentiality is a particularly salient issue and participants were informed that only the lead researcher would have access to the original questionnaires and recordings of the interviews, and that the dataset would be completely anonymised if it were to be shared with other members of the research team or written up and disseminated. Written informed consent was sought and participants were informed that they were free to withdraw from the study within 2 weeks after participating (see Appendix 4).

Data protection: All data gathered within the study was stored according to the Data Protection Act 2018 and anonymised prior to leaving the prison site (i.e. all identifiable information was removed). Data was stored safely and confidentially so that it was only accessible by the lead researcher.

Researcher safety and security: Due to high levels of security in the prison, security clearance was obtained to bring in a recording device to record the interviews and to bring in large quantities of paper for the questionnaires. The researcher attended training – including key/radio/security training, managing suicide and self-harm (SASH) training and personal protection training – at the prison prior to commencing the study. The researcher also adhered to the lone working policies of UCL and the prison. Prior to conducting interviews with prisoners, the lead researcher consulted prison staff to check there was no known risk to the researcher.

Participant welfare: The topic of distress and help-seeking for distress is one that can be difficult to talk about, particularly within an interview. Additionally, the CORE-OM questionnaire includes questions related to risk to self. Prisoners were informed within the participant information sheet that any disclosures related to risk to self or others would be escalated and managed in the same ways as is usual within custody (e.g. opening an ACCT). It was also agreed that, for any prisoners who scored over 2 points for the questions around risk to self, names would be given to a member of

the Health and Wellbeing Team, to ensure that the relevant person or team working with them was made aware of possible risk to self. For staff, information was included and reiterated within the questionnaire bundle regarding sources of support that officers could access if they needed. Participants were reminded of the support available to them (e.g. Listeners or Wellbeing Service for prisoners; the Care Team for officers) and encouraged to access this support if they experienced any increased distress following participation.

2.4 Results

2.4.1 Part 1 – Quantitative

Participant demographics

Prisoners: A total of 121 male prisoners volunteered to take part in the study. 12 respondents were excluded due to missing data, resulting in 109 participants, with a mean age of 41.5 years old (SD = 12.2, Range = 20 - 77 years). Just over half of the participants (54.1%) resided on the vulnerable prisoners (VP) wing. In this context, a "Vulnerable Prisoner" is a person deemed to be vulnerable (at risk from the main prison population) due to the status of their offence (e.g. those who are in custody for sexual offences) and does not refer to prisoners who are vulnerable with regard to their mental state. The majority of participants reported their ethnicity as White (69.7%, *n* = 76) and most respondents (78.7%, *n* = 37) reported being sentenced for only one offence. See Table 2 for details of prisoner participant demographics.

Prison Officers: A total of 35 prison staff participated in the study (26 male and 9 female), with a mean age of 32.8 years (SD = 7.5, Range = 23 - 54 years). The majority (74.3%) of respondents were Officers (*n* = 26). Over half of officers reported their ethnicity as White (51.4%, *n* = 18) and the majority of respondents were recruited from two wings (25.7%, *n* = 9 from the main residential wing; 22.9%, *n* = 8 from the VP wing). See Table 3 for full details of prison officer participant demographics.

Table 2 Demographic characteristics of prisoner sample for Part 1

Variable	Prisoners
Participants (*n*)	109
Age (years)	
M (*SD*); Range	41.5 (12.2); 20 – 77
Wing – *N* (%)	
Main Residential Wings	24 (22.0%)
Enhanced Prisoners Wing	12 (11.0%)
Substance Use Rehabilitation Wing	14 (12.8%)
Vulnerable Prisoners Wing	59 (54.1%)
Ethnicity – *N* (%)	
White	76 (69.7%)
Black	15 (13.8%)
Asian	8 (7.3%)
Mixed/Multiple	6 (5.5%)
Other Ethnic Group	1 (0.9%)
Not reported	3 (2.8%)
Number of Offences – *N* (%)	
1	37 (78.7%)
2	7 (14.9%)
3	0 (0.0%)
4	3 (6.4%)
Type of Offence – *N*	
Theft Offences	15
Drug-Related Offences	14
Sexual Offences	11
Violent Offences	11
Weapons-Related Offences	4
Vehicle-Related Offences	3
Recall	2
Other	3
Time in custody so far (months)	
M (*SD*)	22.4 (23.1)
Range	1 – 93
Time at current establishment (days)	
M (*SD*)	144.8 (186.3)
Range	1 – 997
Time left in custody (months)	
M (*SD*)	7.2 (5.4)
Range	1 – 33

Table 3 Demographic characteristics of prison officer sample for Part 1

Variable	Prison officers
Participants (*n*)	35
Age (years)	
M (*SD*)	32.8 (7.5)
Range	23 – 54
Gender – *N* (%)	
Male	26 (74.3%)
Female	9 (25.7%)
Wing/Department – *N* (%)	
Main Residential Wings	13 (37.1%)
Enhanced Prisoners Wing	1 (2.9%)
Vulnerable Prisoners Wing	8 (22.9%)
Specialist Personality Disorders Unit	1 (2.9%)
Security	3 (8.6%)
Safer Custody	2 (5.7%)
Other	6 (17.1%)
Unknown	1 (2.9%)
Ethnicity – *N* (%)	
White	18 (51.4%)
Black	9 (25.7%)
Asian	3 (8.6%)
Mixed/Multiple	3 (8.6%)
Other Ethnic Group	2 (5.7%)
Role – *N* (%)	
Officer	26 (74.3%)
SO	5 (14.3%)
CM	2 (5.7%)
Governor	2 (5.7%)
Time working as Prison Officer (months)	
M (*SD*)	54.2 (64.5)
Range	2 – 316
Time working at current establishment (months)	
M (*SD*)	45.4 (46.0)
Range	2 – 216

Exploratory analyses of demographics

Due to the dataset including some non-normally distributed variables and some group comparisons violating assumptions of equal variances (see Appendix 5), a mixture of Spearman's correlation analyses, independent samples t-tests and ANOVAs (One-Way and Kruskal-Wallis) were

conducted to explore any relationships between the CMNI-46, CORE-OM and GHSQ scores and demographic variables.

Prisoners: Prisoners' reported age was negatively correlated with both CMNI-46 total score (r_S = -.368, p < .001, n = 103) and CORE-OM total score (r_S = -0.204, p = .024, n = 103), indicating that older prisoners were less conforming to masculine norms and reported experiencing less distress. There was also a significant difference between mean CMNI-46 total scores between wings – F(1, 108) = 4.4, p = .006 – with prisoners on main residential wings scoring the highest (mean = 65.9, SD = 14.9, n = 24) and prisoners on the VP wing scoring the lowest (mean = 52.5, SD = 17.1, n = 59).

Prison officers: There was a significant difference between mean CMNI-46 total scores of female and male officers (t = 3.1, df = 33, p = .004), with male officers scoring significantly more highly (mean = 60.6, SD = 14.6, n = 26) than female officers (mean = 43.9, SD = 10.9, n = 9), but it is important to note that the sample size of females was much smaller than that for males.

Correlational analyses between masculinity, distress and help-seeking

Due to the dataset including both normally and non-normally distributed variables (see Appendix 5), a mixture of Pearson and Spearman's correlations analyses were conducted to investigate our hypotheses of a significant positive relationship between CMNI-46 scores and CORE-OM scores, as well as a significant negative relationship between CMNI-46 scores and GHSQ scores.

Prisoners: As hypothesised, there was a significant positive correlation between CMNI-46 total score and CORE-OM total score (r_S = .445, p < .001, n = 109), indicating that individuals who scored higher on the masculinity measure reported increased levels of distress. As hypothesised, there was also a significant negative correlation between CMNI-46 total score and GHSQ total score (r = -.472, p < .001, n = 109), indicating that those who scored higher on the masculinity measure were significantly less likely to seek help. Additionally, there was a significant negative correlation between CORE-OM total score and GHSQ total score (r_S = -.362, p < .001, n = 109), indicating that

those who self-reported most distress were least likely to seek help. Of the CMNI-46 subscales, almost all subscales were significantly positively correlated with the CORE-OM total score (see Table 4), indicating that almost all subscales of the CMNI-46 likely contributed to the overall positive correlation between the CMNI-46 and CORE-OM. Both the CMNI-46 total score and the GHSQ total score were significantly correlated with all subscales of the CORE-OM, positively and negatively, respectively. The GHSQ total score was most strongly correlated with the *Emotional control* subscale of the CMNI (r_S = -.614, p < .001, n = 109), indicating a strong link between conforming to the norm of *Emotional control* and being reluctant to seek help. The GHSQ total score was also significantly negatively correlated with the *Risk-taking*, *Violence*, *Self-reliance* and *Heterosexual self-presentation* subscales (see Table 4 for all correlations).

Prison officers: As hypothesised, there was a significant negative correlation between CMNI-46 total score and GHSQ total score (r = -.658, p < .001, n = 34), indicating that those who scored higher on the masculinity measure were significantly less likely to seek help. However, unlike prisoners, there was no significant correlation between CMNI-46 total score and distress as measured by the CORE-OM total score (r = .291, p = .089, n = 35), going against our hypothesised link between masculinity and distress. There was no significant correlation between the CORE-OM total score and the GHSQ total score (r = -.112, p = .527, n = 34). When looking at subscales of the CORE-OM, there were significant positive correlations between the CMNI-46 total score and scores on the Functioning (r = .454, p = .006, n = 35) and Risk (r_S = .542, p < .001, n = 35) subscales of the CORE-OM, indicating that officers conforming more to masculine norms experience more difficulties in relation to functioning and present with higher levels of risk to self and others. Scores on the *Violence* subscale of the CMNI-46 were significantly positively correlated with the CORE-OM total score (r = .494, p = .003, n = 35), indicating that officers conforming more with masculine norm of *Violence* reported experiencing higher levels of distress. Officers' GHSQ total scores were most strongly

correlated with the *Emotional control* subscale of the CMNI-46 (r = -.608, p < .001, n = 35), indicating a strong link between conforming to the norm of *Emotional control* and being reluctant to seek help.

Table 4 Pearson and Spearman's correlations between CMNI-46, CORE-OM and GHSQ (including subscales) for prisoners and prison officers

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. CMNI-46 Total											.445*$_S$	.313*$_S$	.400*$_S$	.511*$_P$	.345*$_S$	-.472*$_P$	-.515*$_P$	-.372*$_S$
2. Winning											.265*$_S$	.229*$_S$	.268*$_S$	.239*$_S$	.182$_S$	-.096$_S$	-.136$_S$	-.075$_S$
3. Emo. Con.											.377*$_S$	.272*$_S$	.308*$_S$	.452*$_S$	.263*$_S$	-.614*$_S$	-.628*$_S$	-.553*$_S$
4. Risk-Taking											.248*$_S$	.111$_S$	.219*$_S$	.251*$_P$	.234*$_S$	-.337*$_P$	-.364*$_P$	-.261*$_S$
5. Violence											.276*$_S$	.207*$_S$	.207*$_S$	.313*$_S$	.323*$_S$	-.408*$_S$	-.428*$_S$	-.366*$_S$
6. Pow. Over Wom.											.210*$_S$	.113$_S$	.200*$_S$	.200*$_S$	.219*$_S$	-.008$_S$	-.064$_S$	.018$_S$
7. Playboy											.156$_S$	.122$_S$	.121$_S$	.179$_S$	.167$_S$	-.067$_S$	-.093$_S$	-.042$_S$
8. Self-Reliance											.394*$_S$	.284*$_S$	.360*$_S$	.438*$_S$	.231*$_S$	-.495$_S$	-.532*$_S$	-.437*$_S$
9. Primacy of Work											.036$_S$	.005$_S$	.125$_S$	-.061$_S$	.020$_S$	.142$_S$	-.118$_S$	.125$_S$
10. Hetero. Self-Pr.											.293*$_S$	.257*$_S$	.232*$_S$	.342*$_S$	.192$_S$	-.216*$_S$	-.242*$_S$	-.195*$_S$
11. CORE-OM Total	.291$_P$	.217$_P$	.031$_P$	-.027$_P$	.494*$_P$	.081$_S$	.322$_S$	-.004$_S$	.089$_P$	.065$_S$						-.362*$_S$	-.403*$_S$	-.319*$_S$
12. Wellbeing	.050$_P$	.076$_P$	-.096$_P$	-.028$_P$	.205$_P$	-.087$_S$	.143$_S$	-.035$_S$	.144$_P$	-.090$_S$						-.307*$_S$	-.334*$_S$	-.269*$_S$
13. Problems	.132$_P$	.135$_P$	-.063$_P$	-.096$_P$	.385*$_P$	.007$_S$	.216$_S$	-.167$_S$	.130$_P$	-.043$_S$						-.259*$_S$	-.295*$_S$	-.231*$_S$
14. Functioning	.454*$_P$	.361*$_P$	.131$_P$	-.024$_P$	.517*$_P$	.237$_S$	.297$_S$	.298$_S$	.006$_P$	.249$_S$						-.477*$_P$	-.521*$_P$	-.397*$_S$
15. Risk	.344*$_P$	.114$_P$	.161$_P$	-.216$_P$	.523*$_P$	.240$_S$	.535*$_S$	.007$_S$	-.090$_P$	.303$_S$						-.277*$_S$	-.308*$_S$	-.245*$_S$
16. GHSQ Total	-.658*$_P$	-.322$_P$	-.608*$_P$	-.243$_P$	-.503*$_P$	-.399*$_S$	-.502*$_S$	-.370*$_S$	.168$_P$	-.355*$_S$	-.112$_P$	.039$_S$	.027$_P$	-.250$_P$	-.322$_S$			
17. GHSQ1	-.709*$_P$	-.446*$_P$	-.600*$_P$	-.352*$_P$	-.441*$_P$	-.460*$_S$	-.475*$_S$	-.397*$_S$	.148$_P$	-.434*$_S$	-.080$_P$	.019$_S$	.059$_P$	-.250$_P$	-.267$_S$			
18. GHSQ2	-.602*$_S$	-.212$_S$	-.468*$_S$	-.254$_S$	-.551*$_S$	-.358*$_S$	-.434*$_S$	-.259$_S$	.060$_S$	-.283$_S$	-.088$_S$	-.005$_S$	-.025$_S$	-.166$_S$	-.360$_S$			

Above diagonal = prisoners, Below diagonal = officers; $_P$ = Pearson correlation, $_S$ = Spearman's correlation; * Significant at the .05 level

Prevalence of conformity to masculine norms

Prisoners: The mean total CMNI-46 score for prisoners was 56.8 (n = 109, SD = 17.7, Range = 84.0). Relative to other subscales, prisoners scored highest on the *Emotional control* subscale, which includes items such as "I never share my feelings" (mean = 1.6, SD = 0.7) and lowest on the *Power over women* subscale, which includes items such as "Women should be subservient to men" (mean = 0.5, SD = 0.5).

Prison officers: The mean total CMNI-46 score for officers was 56.3 (n = 35, SD = 15.5, Range = 65.0). Relative to other subscales, officers scored highest on the *Violence* subscale, which includes items such as "Sometimes violent action is necessary" (mean = 1.7, SD = 0.7) and lowest on the *Power over women* subscale (mean = 0.6, SD = 0.5).

Comparison of prisoners and officers: Mann-Whitney U tests were conducted to compare scores on the CMNI-46 for the prisoner group and the officer group. Analysis indicated that there was no significant difference between total CMNI-46 scores for prisoners and officers (U = 1980.0, p = .736), indicating a similar level of overall conformity to masculine norms for prisoners and officers.

Five subscales of the CMNI-46 showed a significant difference between mean scores for prisoners and prison officers: *Violence*, *Playboy*, *Self-reliance*, *Primacy of work* and *Heterosexual self-presentation*. Officers scored significantly higher than prisoners on both the *Violence* subscale (U = 1274.5, p = .003) and the *Playboy* subscale (U = 1487.0, p = .048), indicating that officers conformed more strongly to the masculine norms endorsing violence and being promiscuous (playboy) compared with prisoners. However, prisoners scored significantly more highly than officers on the *Self-reliance* (U = 2370.0, p = .030), *Primacy of work* (U = 2593.0, p = .001) and *Heterosexual self-presentation* (U = 2378.5, p = .027) subscales, indicating that prisoners conformed more with the masculine norms endorsing self-reliance, the importance of employment and avoiding being perceived as homosexual.

Psychological distress

Prisoners: The mean overall CORE-OM score for prisoners was 50.6 (n = 109, SD = 27.7, Range = 110.0), which falls on the border of "Mild" and "Moderate" level of severity of difficulties. 53.2% of prisoners scored within the "Healthy", "Low Level" or "Mild" ranges (n = 58), while 46.8% fell within the "Moderate" and "Moderate-Severe" ranges (n = 51).

Prison officers: The mean overall CORE-OM score for officers was 33.4 (n = 35, SD = 17.4, Range = 63.0), which falls within the "Low Level" category of level of severity of difficulties. 80.0% of participants scored within the "Healthy", "Low Level" or "Mild" ranges (n = 28), while 20.0% fell within the "Moderate" or Moderate-Severe" ranges (n = 7).

Comparison of prisoners and officers: Mann-Whitney U tests were conducted to compare scores on the CORE-OM for prisoners and officers. Prisoner CORE-OM total scores were significantly higher than officer CORE-OM score (U = 2607.0, p =0.001). The Risk subscale of the CORE-OM was the only subscale on which prisoners did not score significantly higher than officers, but still showed a trend towards significance (U = 2301.0, p = 0.052).

Help-seeking intentions

Prisoners: The mean score across all help-sources was the same for "emotional problems" (mean = 3.8, SD = 2.1) and "suicidal thoughts" (mean = 3.8, SD = 2.3), indicating a slight tendency not to seek help for emotional problems and suicidal thoughts. Of the different help-sources, averaging across responses for both emotional problems and suicidal thoughts, prisoners were most likely to seek support from partners (mean = 4.5, SD = 2.3) or mental health professionals (mean = 4.5, SD 2.1). However, this still only indicated a very slight tendency towards being likely to seek help from these sources. The two help-sources that prisoners said they were least likely to seek support from were phone helplines (mean = 2.9, SD = 2.00) and other prison staff (mean = 3.2, SD = 2.0).

Prison officers: The mean score across all help-sources was similar for "emotional problems" (mean = 3.6, SD = 2.0) and "suicidal thoughts" (mean = 3.7, SD = 2.3), again indicating a slight tendency to be unlikely to seek help for emotional problems and suicidal thoughts. Of the different help-sources, averaging across responses for both emotional problems and suicidal thoughts, officers were most likely to seek support from partners (mean = 5.1, SD = 2.0), followed by friends (mean = 4.7, SD = 1.9), only indicating a slight tendency towards being likely to seek help from these sources. The two help-sources that participants said they were least likely to seek support from were phone helplines (mean = 2.3, SD = 1.8) and a minister or religious leader (mean = 2.3, SD = 1.9).

Comparison of prisoners and officers: Mann-Whitney U tests were conducted to compare scores on the GHSQ for prisoners and officers. Analysis indicated that there was no significant difference between total GHSQ scores (U = 1992.0, p = .510), indicating a similar degree of likelihood to seek help amongst both prisoners and prison officers. With regards to help-sources, there was a significant difference between prisoners and officers in relation to likelihood of seeking help from both mental health professionals (U = 1280.5, p = .003) and chaplaincy (U = 1373.5, p = .011), with prisoners indicating an increased likelihood of seeking help from both sources compared with officers.

Table 5 Means and standard deviations for CMNI-46, CORE-OM, GHSQ (including subscales) for prisoners and prison officers

	Prisoners (*n* = 109)	Officers (*n* = 35)
CMNI-46 Total	56.8 (17.7)	56.3 (15.5)
Winning	1.2 (0.6)	1.4 (0.5)
Emotional Control	1.6 (0.7)	1.4 (0.6)
Risk-Taking	1.3 (0.5)	1.5 (0.5)
Violence	1.3 (0.7)*	1.7 (0.7)*
Power over Women	0.5 (0.5)	0.6 (0.5)
Playboy	1.0 (0.6)*	1.3 (0.7)*
Self-Reliance	1.3 (0.7)*	1.1 (0.4)*
Primacy of Work	1.4 (0.6)*	1.0 (0.6)*
Heterosexual Self-Presentation	1.3 (0.8)*	0.9 (0.7)*
CORE-OM Total	50.6 (27.7)*	33.4 (17.4)*
Wellbeing	6.7 (4.0)*	4.9 (3.0)*
Problems	21.5 (12.6)*	13.6 (8.3)*
Functioning	19.2 (9.7)*	12.3 (6.1)*
Risk	3.2 (4.3)	1.7 (3.0)
GHSQ1	3.8 (2.1)	3.6 (2.0)
GHSQ2	3.8 (2.3)	3.7 (2.3)
GHSQ Total	3.8 (1.5)	3.6 (1.0)
Partner	4.5 (2.3)	5.1 (2.0)
Friend	4.1 (2.1)	4.7(1.9)
Parent	3.7 (2.4)	3.7 (2.3)
Relative	3.7 (2.3)	3.1 (1.9)
Mental Health Professional	4.5 (2.1)*	3.5 (1.9)*
Phone Helpline	2.9 (2.0)	2.3 (1.8)
Doctor	4.0 (2.1)	3.5 (1.9)
Chaplaincy/Minister or Religious Leader	3.3 (2.1)*	2.3 (1.9)*
Prison Officer	3.3 (2.1)	N/A
Other Prison Staff	3.2 (2.0)	N/A

* Significant difference between groups at 0.05 level.

2.4.2 Part 2 – Qualitative

While there were several themes and sub-themes that were identified more broadly, only those related directly to the research question are reported here.

Table 6 Themes and subthemes relating to how masculinity shapes prisoner and prison officer experiences of distress and help-seeking

Participant group	Themes	Sub-themes	Participants mentioning this sub-theme
Prisoners	Holding it in	Don't ask for help	P2, P3, P4, P6
		Suppress it to cope	P1, P2, P3, P5, P6
	Image and perception	Showing emotion is weakness	P1, P2, P3, P6
		Threat and judgement	P1, P2, P3, P4, P5, P6
		Peer support	P1, P2, P3, P4, P5, P6
	Control	No agency or choice	P1, P2, P3, P4, P5, P6
		Having to rely on others	P1, P3, P4, P6
Prison officers	Expectations of the role	We're still human	P1, P2, P3, P4
		Desensitisation	P2, P3, P4
	Hiding and showing vulnerability	Don't show weakness	P1, P2, P4
		Strong, supportive bonds	P1, P2, P3, P4

Prisoners

Thematic analysis of the prisoner interview transcripts (n = 6) identified three themes and seven subthemes related to the research question. These themes were: (1) Holding it in, (2) Image and perception and (3) Control. These themes and sub-themes are discussed in more detail below and are represented using participant quotes. Comparisons across participants were examined and the frequency of themes across all participants are presented in Table 6.

Theme 1: Holding it in

All six prisoners spoke about having to hold emotions in whilst in prison and some described this as being specific to the prison environment. Emotional suppression was described as an effective

and necessary coping strategy and there was discussion about avoiding seeking help for emotional difficulties in prison. This theme linked strongly with the theme of "Image and Perception" which will be discussed later, as the fears that prisoners held about how they were perceived by other prisoners were linked to why emotional suppression and avoidance of help were employed as strategies.

Subtheme 1: Don't ask for help

Most prisoners spoke about negative attitudes towards seeking help within prison. Some prisoners found it difficult to articulate why they held these attitudes, but others were able to associate this with feeling that they had to rely on themselves and were on their own when in prison, linking in with masculine ideals of autonomy and self-reliance.

P3: I'm not gonna ask noone for help yeah, I'm just not gonna do it. I don't know why but I'm just not gonna do it. I'll just deal with it myself.

Some prisoners identified that seeking help in prison is something that other prisoners look down on and that seeking help may mean that other men don't look towards you favourably. This was linked to ideas around being perceived as weak, which threatens masculine ideals of strength (as highlighted in other sub-themes – "Threat and judgement" and "Showing emotion is weakness"), but was also described as heightened within a prison environment where men are surrounded by other men, who are strangers to them.

P2: I was contemplating going to mental health and all of that kind of stuff and he goes: "I beg you not to do that, don't do it". I didn't understand why he was telling me not to do it, but I'm glad he did.

They spoke about trust as a crucial factor in having a positive relationship to be able to feel that seeking help would actually be helpful. Prisoners distinguished between help for practical things (e.g. asking officers to get something in their room fixed) and help for emotional difficulties, stating that they would be much more likely to seek help for the former than the latter. They noted that

promises made by officers or other agencies often do not materialise (or take a long time to) and this leads to feeling frustrated, let down, invalidated and misunderstood. They described that they take these experiences to be an indication that others do not care about them, which leads to a withdrawal from re-attempting to seek help to avoid feeling the same way again.

P6: In jail... if you ask this stuff and they say yeah, and it don't happen, it's a bigger let down.

P5: You don't have a thing where you can just open up to officers.... Like they don't really care to be honest... they just want to get their job done and go home.

Most prisoners acknowledged that there are some sources of support provided by the system and some staff members who have been helpful. However, there was a sense that there was not enough support or that the support on offer was not adequate (e.g. long waiting times). Additionally, there was an acknowledgement that, although help may exist, it is dependent on one's individual comfort as to whether this help will be accessed.

Subtheme 2: Suppress it to cope

Five out of six prisoners spoke about suppressing emotions as a way of managing their distress whilst in prison and highlighted this as different to how they would cope in the community. While this sub-theme was strongly linked to the sub-theme of "Showing emotion is weakness", prisoners also highlighted other relevant factors linked to the prison environment. They linked the physical confinement of being in prison with an increased building of emotional pressure due to the small environment and not having as much outlet as they would do outside of prison. Additionally, they noted feeling isolated from family and friends, who would typically be a source of support in the community. They spoke about how emotions feel much more intense in prison and things feel exaggerated, which means that emotions could more easily become overwhelming. Linking in with the theme of "Control", suppressing emotions was described, in one sense, to be a necessity rather

than a choice (in order to not feel overwhelmed), but also was a way of maintaining some control in an environment where this is lacking.

P1: Because if you think about it and feel it while you're in here, then...it feels twice as much because we're stuck inside.... I have to be busy… then it's easier for me 'cause then I don't have to stop and think.

Most prisoners spoke about distraction being the most helpful coping mechanism in prison and linked this to enabling them to not have to think about things that were distressing them. Multiple prisoners noted that they were delaying their processing of emotions until they were released and were able to access more coping mechanisms to support this processing, highlighting the unique nature of the prison environment as a significant barrier to emotional processing.

Theme 2: Image and perception

Prisoners spoke about the importance of maintaining an image while in prison, as a way of communicating to others that you are strong, resilient and cannot be taken advantage of. They discussed how the way in which you are perceived by others whilst in the prison environment can impact significantly on your safety and dignity. It was highlighted that increased expression of emotions was detrimental to how others would view you, which may place you at risk from others. Prisoners spoke about needing to portray a certain version of themselves when out on the landing surrounded by unfamiliar men, but noted a distinction between this and private conversations between trusted others.

Subtheme 1: Showing emotions is weakness

All prisoners spoke about a strongly held belief that showing emotions is an indication of weakness, which they equated with not being a man. It was acknowledged that emotional expression equating to weakness was an idea that applied to all men whether inside or outside prison. However, it was evident that the prison environment was a place where the risks associated with being

perceived as weak were significantly heightened and portraying strength and resilience was essential to maintain a sense of safety and to be able to survive prison.

P2: I can't allow you to see a weak version. This is prison, I have to just be able to show strength. I can't do that if I'm going to be emotional, I can't... It's not happening.

Additionally, it was noted that when referring to "emotions" as weak, this did not apply to certain emotions, namely anger and frustration. Prisoners spoke about the acceptability of expressions of anger, perhaps as this emotion endorses masculine ideas of dominance and strength and alerts others to threat in order to ensure safety, unlike emotions like sadness or anxiety.

P1: It's like … Men being men… Most of the people in here feel like if you talk about your feelings, then it makes you softer or you look like less of a man or you don't look as tough. Then they don't end up talking about it... unless they're angry. That's about the only emotion that you will see from most of the prisoners, it's anger.

This sub-theme linked strongly with the sub-theme of "Suppress it to cope", as prisoners spoke about emotional suppression being their behavioural response to this belief that showing emotions indicates weakness. It is also of note that most participants used the word "soft" when referring to showing emotions, which is a term often been equated with femininity, highlighting that not only do prisoners feel they have to adhere to masculine norms, but also that they must avoid and distance themselves from being perceived to be in proximity to femininity.

Subtheme 2: Threat and judgement

Almost all prisoners spoke about how one is perceived as being importantly linked to the ability to keep yourself safe from emotional or physical harm in prison, as well as a salient fear of being judged negatively by other people (most often, men). It was highlighted that in order to keep oneself safe, it is necessary to perform masculinity as a communication to other prisoners of strength and resilience, in order to prevent others from seeing vulnerabilities that may be exploited or

targeted. Prisoners spoke about the bullying that occurs, where vulnerabilities have been noticed, and also spoke about being taken advantage of by other prisoners. Similarly to the previous sub-theme of "Showing emotions is weakness", being the victim of bullying was linked to being perceived by others as weak.

P3: So yeah, like basically you have to act more of a man in jail because you don't want people to start thinking like "oh yeah I can go and bully this guy".

All prisoners spoke about feeling judged by other people and identified fear of judgement as a barrier to expressing emotions or asking for help, both from officers and from peers. The ways in which prisoners described feeling judged were linked to being judged as weak or soft, or being judged as not manly enough.

P1: It's just like a masculinity thing. Like I don't want to make myself sound soft when I'm with a male officer because then he might tell another male officer and it's just an ongoing thing.

Prisoners spoke about judgement as particularly threatening if coming from another man, as opposed to a woman. They linked judgement to negative consequences, with the consequences of judgement from other prisoners being related to a loss of social status within the prison hierarchy, while judgement from staff may result in confidentiality being broken. Prisoners also spoke about experiencing judgement more generally, not directly related to their masculinity; for example, feeling judged by staff members and the general public due to their offending behaviour or the nature of their offence.

Subtheme 3: Peer support

While the risks of threat and feeling unsafe have been highlighted through other sub-themes, prisoners noted that safety is possible in certain contexts and with certain people. Prisoners spoke about the importance of finding support from other prisoners, who they have built relationships with

during their time in prison. Almost all prisoners spoke about the importance of their relationship with their cellmate while in prison, as a source of emotional support.

P4: I think your cellmate is a part of your journey. He's a part of your prison journey.

They discussed the importance of finding people who they can trust to confide in, but acknowledged that this process is not easy due to the risks of threat and judgement, as highlighted in the previous sub-theme.

P1: There's two people on the wing now … I don't mind confiding in them or talking to them and then we'll confide in each other and make sure everyone's alright.

Prisoners identified a distinction between the version of themselves that is presented out on the landing when amongst other prisoners – i.e. putting on a brave face – compared to the version of themselves behind closed doors, where expression of some vulnerability may be permissible, depending on who is with them.

P6: Yeah, it's good. It's good to speak to somebody, get off your chest and then knowing that's just somebody there who's listening and cares for you as well...Then as soon as that door opens, we'll leave it there.

Prisoners highlighted that they would usually still not share everything with even their most trusted peers, again linked to previous sub-themes of fear of judgement and being perceived as weak. They discussed how feeling cared for by other prisoners has often been crucial to them getting through a difficult time, which links in with the previous sub-theme of "Don't ask for help", where prisoners identified often feeling that other people do not care about them. They noted that they would not trust most other prisoners, but if trust is built over time, then this can be possible with particular individuals.

Theme 3: Control

Prisoners spoke about experiencing a lack of control over their day-to-day lives while in prison. Comparisons were made with life outside prison, where prisoners discussed having control over their lives as a very important factor in supporting them to manage their emotional difficulties and find ways of coping. They discussed the difficulties in prison of feeling like they have no choice or sense of autonomy as a source of frustration. Prisoners discussed how, when in prison, they have to become reliant on other people (staff and family/friends outside), which feels difficult as this is an unfamiliar position for them to be in.

Subtheme 1: No agency or choice

All prisoners identified that they did not feel they had any control, choice or agency in their day-to-day lives in prison. They described autonomy in the outside world as very important to them and some perceived autonomy to be a central character trait of theirs, perhaps linked to ideas about men being in charge of themselves. This was strongly linked to the sub-theme of "Don't ask for help", as many prisoners spoke about feeling that they need to manage things themselves rather than seek help from others for difficulties.

P2: Just get on with it. You're forced to accept everything that goes on. I have to just... How can I put it? Take it on the chin? And get on with it. I don't have a choice.

Prisoners described feeling frustrated by the lack of control that they experience while in prison and some spoke about feeling left powerless and in a position of submission (rather than the traditional masculine position of dominance), which they linked to further negative emotional experiences. Prisoners spoke about feeling that they are forced to not only accept their situation, but also accept the emotional impact of their situation. They described that the impact of their lack of agency in prison was particularly difficult, as it sat at odds with their familiar way of being. Avoidance

of seeking help and managing things alone may be one way in which prisoners feel they regain control in an environment where they lack it.

Subtheme 2: Having to rely on others

Over half of the prisoners discussed the difficulty of having to rely on staff members or family and friends outside to do things for them. These ranged from more minor things (e.g. getting toilet roll) to more significant things (e.g. departments effectively communicating to ensure support following a bereavement; family sending money in). Again, this linked in with masculine ideas around autonomy and self-reliance, as highlighted in the previous sub-theme, but also acknowledged frustrations when the desired tasks do not happen.

P3: Like for instance, one time I asked for toilet roll he [officer] *said "Ah, it's Friday… I wanna go home and go out". I'm like... if I could get my own toilet roll I would get it myself… It's like just little things like that.*

There was particular acknowledgement of the dynamic between prisoners and officers, with multiple prisoners highlighting the difficulty in having to rely on people who they feel do not care about them or their wellbeing. They spoke about feeling that officers don't understand what their experience is like and how much they have to rely on officers to be able to have the basics. It was also evident that reliance on officers for small and basic needs was a reminder to prisoners of the power dynamic between prisoners and officers, placing officers in the position of dominance, which is a position that, outside of prison, prisoners are often used to being in.

P6: We asked an officer "can we get the hoover… to hoover the rug?" And they said "there's no hoover on the wing". Then we went down to the office and the blonde woman there, we said "miss is there a hoover on the wing?" And she said "yeah it's in the office". And when we walked past with the hoover, we said to the guy "why didn't you get the hoover out?" and he said "ah I couldn't be bothered to move". That's an officer. Yeah, I mean so he will never get asked for anything off me again.

This sub-theme was connected to the sub-theme of "Don't ask for help", as prisoners spoke about how negative experiences with staff – e.g. where staff chose not to help them with something – impacted significantly on their impression of that staff member and the likelihood of them asking for something from that same staff member again. Additionally, this linked in with the prior highlighted distinction between practical help and help for emotional difficulties; prisoners spoke about feeling that if they could not rely on staff for practical support, then they would not rely on staff for emotional support.

Prison officers

Qualitative analysis of the officer interview transcripts (n = 4) identified two themes and four sub-themes related to the research question. These themes were: (1) Expectations of the role and (2) Hiding and showing vulnerability. These themes and sub-themes are discussed in more detail below and are represented using participant quotes. Comparisons across participants were examined and the frequency of themes across all participants are presented in Table 6.

Theme 1: Expectations of the role

Officers spoke about the expectations they are faced with when entering the role of a prison officer and described a number of ways in which these expectations can sometimes limit or shut down emotional expression. They spoke about the need to rely on their colleagues to keep themselves safe, which was linked in with trust and mistrust amongst colleagues, as well as maintaining a division between officers and prisoner, upholding the existing power dynamic. Officers also spoke about an expectation to remain stoic in the face of serious acts of violence or witnessing other traumatic events, but highlighted that they are still human and the work still affects them. In contrast to this, they also noted a tendency to become desensitised to the events that they witness, which was partly acknowledged to be a way of coping and partly attributed to the lack of priority given to wellbeing.

Subtheme 1: We're still human

Officers highlighted that the difficult experiences that they witness while working in prison and the stories they hear about the lives of prisoners have an emotional impact on them. However, it often feels that management's approach and the way the prison system is designed means that not enough time is allowed to be able to focus on processing this. Due to the busy nature of the role, they are often prevented from being able to manage any difficult emotions that arise after a serious incident.

P2: It's bringing home the stories of just [prisoners'] lives... It's just sad and it does affect you... You're still human. You're still gonna cry...

P3: Because it's so fast-paced the environment, there's almost an expectation... to sort of get on with it, and you know move on to the next job or the next thing, the next incident that's taking place.

Officers also spoke about how management often pay lip-service to wellbeing, rather than feeling that they actually care about their wellbeing. Interestingly, this linked closely to prisoner experiences with staff. Officers described feeling that there is an expectation for prison officers to manage these experiences – which are far above and beyond what most lay people would experience – without actually expressing their emotional response and continuing on with their day.

P3: I think the expectation is that you kind of sort of build up a bit of a resistance to some things that are maybe actually... quite shocking to witness or to experience....

Additionally, it was noted that the prison service makes very clear that officers should not disclose personal information in order to maintain personal safety. As a result, officers described becoming socialised to the practice of keeping things to themselves within the work environment, linking this to why they do not express their emotions while in prison.

P2: I think that we spend so long explaining stuff like you can't talk about yourself and don't show too much of yourself because of the prisoners, and because of the people we work with... that actually staff don't [express emotions].

One officer reflected on how working in an environment where they often witness distress being expressed in different (and often more extreme ways) amongst the prisoners, can make it difficult for staff to notice their own distress as it presents more subtly, ultimately leading staff to inadvertently minimise their own distress. Officers spoke about the difficulty of having to conform to the expectations set about remaining stoic in the face of extreme pressures and possible risks to their own safety, but were able to appreciate that things have improved with regards to these expectations over recent years. Officers highlighted their perspective that these expectations of stoicism are becoming outdated and described hopefulness about the start of a culture shift within prisons.

Subtheme 2: Desensitisation

In contrast to the previous sub-theme of "We're still human", most officers also spoke about becoming desensitised to some of the extreme acts of violence or self-harm that they witness while working in the prison environment.

P4: Before, like in your first month, if someone like self-harmed or there'd been a fight, you'd be like "Oh, my God this happened." Now it's just normal, almost desensitized to it.

Officers discussed how this can be protective in some ways, as it means they are less affected by the emotions that are brought up after witnessing such events. However, they also acknowledged how this is objectively at odds with the seriousness of some of the events they experience.

P2: And you kind of dehumanize it as coping mechanism, but only as a coping mechanism..... And that's not normal. That's not OK... The environment we work in, it changes our perception of normal. Catastrophically changes what is normal.

Some officers highlighted that desensitisation allows them to do their job better as they do not allow emotions to affect their actions, with others characterising desensitisation as an unconscious coping mechanism, implying that if they weren't to desensitise themselves from these events, they may struggle to manage the level of distress that arises. This sub-theme was strongly linked with the sub-theme of not showing weakness to others, with a link made between keeping emotions away and portraying strength and resilience.

Theme 2: Hiding and showing vulnerability

Officers spoke about how they are perceived by prisoners, other colleagues and management as an important factor in why they may suppress emotional expression. They equated emotional expression to being seen as week and highlighted perceived weakness may be a threat to their safety (in relation to prisoners), their job security (in relation to management) and their relationships with colleagues (linked to mistrust and fears of bullying). Officers made direct reference to the prison environment and the system endorsing ideas of appearing strong and not expressing emotions. However, similarly to prisoners, officers also highlighted that, in some non-threatening contexts and within certain relationships with colleagues, they are able to show some vulnerability, which allows them to feel supported by their colleagues. Officers highlighted how crucial peer support is for managing work in a difficult, stressful and highly emotive environment.

Subtheme 1: Don't show weakness

Most officers spoke about showing weakness as something they would avoid doing in front of prisoners, colleagues and management. Examples of showing weakness were often linked directly to the expression of emotions or when officers are struggling in their role. Officers noted the importance of appearing strong and resilient in front of prisoners to ensure that they are respected by prisoners and prevent prisoners from feeling they can take advantage of officers or can use their vulnerability against them. The power dynamic within the prison environment, which lends itself to officers holding the dominant position and closely links with ideas around masculinity, was described

by officers as something that needed to be upheld in order to ensure staff safety. They expressed that any vulnerability being shown to prisoners may undermine their image of seeming strong and holding the dominant position.

P2: So there is a version of, you don't want people to see your weakness, I suppose. And... show that you're overtly strong.

In relation to colleagues and management, officers highlighted how staff are often judged by each other and by management if they express emotions or appear to be struggling emotionally. It was perceived that this judgement would often lead to an assumption that the staff member was not fit to do the job, equating emotional expression with incompetence or a lack of resilience.

P4: It's harder to say that you're struggling. Because yeah, you'd be seen as weak. And although on the surface, that just means that the piss gets taken out of you. On the lower surface it's like people are questioning your abilities to do the job..

The environment of the main residential wings, in particular, was highlighted as an area where judgement is most heightened and perceived weakness has the most consequences.

P4: It is a very macho, tough, stiff upper lip kind of environment.... the wing that I spent 3 years on... If you like get taken off that wing... it's almost like a big embarrassment. Because it's like "Aw in the eyes of the managers, you can't hack it"

Officers spoke about the culture of gossip and rumours amongst staff and how this can sometimes lead to bullying or a loss of reputation amongst their peers if they are perceived to be weak.

P1: You know like I'm not very trusting of a lot of staff simply because of staff corruption and things like that... It's a very high gossip…sort of environment, like everything's very like tabloid-y like "oh my god, did you hear, did you hear".

One officer highlighted the importance of relying on other officers for safety – i.e. if an alarm bell rings, all officers will attend to support the officer response to the incident – but if there are doubts over one's competence as an officer (due to perceived weaknesses), this will affect how much colleagues are able to trust in you to keep them safe. Overall, this sub-theme links in strongly with the sub-theme of "We're still human", where officers feel there is an expectation of strength, stoicism and resilience, so if anything is shown that indicates one isn't perfectly meeting these expectations, the consequences can be significant – i.e. loss of social status amongst officer peers, loss of respect from prisoners and perceived incompetence in the job.

Sub-theme 2: Strong, supportive bonds

All officers identified the importance of being able to be supported by, and supportive of, their peers; typically within particular relationships with individual or small groups of colleagues. They noted that working in a unique environment, such as prison, leads to strong bonds being developed between colleagues, facilitating mutually supportive relationships.

P4: Because... there is still a lot of camaraderie between staff, just because they go through a lot on a monthly basis. And we do get like real strong bonds with people. Yeah, you can share stuff.

Although officers highlighted fears of being judged by their colleagues and noted that it can be difficult to know who to trust, they made clear that there are some trusting relationships and particular contexts within which they feel able to express some vulnerability and therefore find solace and support. Officers described that it is those peers who they have developed trusting relationships with that they will go to if seeking support with emotional difficulties related to the job role.

P1: I think I've always been quite good...with addressing a situation which I know has affected me negatively... by discussing it with like people who have the shared experience.

Officers also referred to going through the same thing as other colleagues by nature of working in the prison environment. Most officers described this as helpful in the context of feeling that colleagues would more easily understand any difficulties they may share. For example, they discussed how they do not have to spend time explaining the unique aspects of the prison environment that are relevant to the story, allowing for more emotional processing within the conversation. However, one officer discussed how sometimes knowing that everyone is going through the same thing can lead to increased emotional suppression, through links with the sub-themes of "We're still human" and "Don't show weakness". They highlighted that often it can seem on the surface that colleagues are not struggling emotionally and are managing difficult situations easily because they are not verbalising their emotional response. This can lead some officers to feel that they need to be okay, because everyone else seems okay, or else this is an indication that they can't manage while others can.

2.5 Discussion

2.5.1 Overview

The present study sought to explore masculinity amongst both prison officers and male prisoners, with respect to how it is linked to (and impacts on) the experience of psychological distress and attitudes towards seeking help, using a mixed methods approach.

The findings from Part 1 of this study, based on data from 109 prisoners and 35 officers, validated our first hypothesis that there would be a significant negative relationship between conformity to masculine norms and intentions to seek help. This indicated that, for both prisoners and officers, those conforming more with masculine norms were less likely to seek help. The size of effects found in this study are higher than those found in a previous meta-analysis (Wong et al., 2017), suggesting that this association may be elevated for prisoner and officer populations.

The second hypothesis of a positive relationship between conformity to masculinity and psychological distress was only supported for prisoners and not for officers, with prisoners who conformed more with masculinity reporting increased levels of psychological distress.

The findings of the thematic analysis in Part 2 of this study highlighted three themes for prisoners – (1) Holding it in; (2) Image and perception; and (3) Control – and two themes for officers – (1) Expectations of the role; (2) Hiding and showing vulnerability – with seven and four sub-themes for prisoners and officers, respectively.

2.5.2 The relationships between masculinity, distress and help-seeking in prison

For prisoners, the findings of significant associations between increased conformity to masculinity, increased levels of distress and reduced likelihood of help-seeking indicate that those who are struggling the most (based on self-report) are the least likely to reach out for support with this and are also those who conform most to masculinity. Although beyond the scope of this study, these findings indicate the need for further research to explore whether, specifically for men residing in custody, masculinity plays a partially mediating role between self-reported distress and help-seeking attitudes, or whether other variables explored in the general population literature (e.g. stigma; Vogel et al., 2011) may play a mediating role. Additionally, this study found that younger participants both conformed more with masculine norms and also reported increased levels of distress. While it is acknowledged that the salience of social acceptance during adolescence and early adulthood is crucial in impacting on the importance placed upon adhering to normative gender roles (Galambos, 2004; Kågesten et al., 2016), future research may seek to explore the role of age in the relationship between conformity to masculinity and elevated distress amongst prisoners, which may in turn impact on help-seeking intentions.

The findings in this study, with respect to prisoners, are in line with the theory of Gender Role Conflict (GRC), which is defined as "a psychological state in which gender roles have negative

consequences or impact on the person or other" (O'Neil, 1981; O'Neil et al., 1995) - i.e. that men experience negative personal and relational consequences when the restrictiveness and rigidity of male gender roles are incompatible with the demands of a relevant situation. For prisoners, increased personal alignment with masculine norms may elevate the level of distress experienced due to the loss of important masculine norms, such as autonomy, control and dominance. It is also important to acknowledge that this may be additive to the elevated level of distress that prisoners already experience, relative to the general population, linked to both environmental prison-related factors and individual-level factors (Edgemon & Clay-Warner, 2019). This may explain the strong link found between increased conformity to masculine norms and elevated psychological distress amongst prisoners.

Analysis of officer data did not yield the same link between masculinity and distress. It is possible that this may be explained by the mixed gender sample for officers (while the prisoner group was homogenous for gender). Although the CMNI-46 has been validated for use with both males and females, research unsurprisingly indicates lower levels of conformity to masculinity amongst females (Parent & Smiler, 2013). In line with GRC, it can be argued that women are less likely to be as constrained by the rigidity of masculine norms, so the relationship between masculine norms and distress may not be observed in the same way it would for a male population, which may explain the lack of significant relationship found for officers. Another possible explanation, in line with GRC, is that the positioning of officers, relative to prisoners, is more compatible with masculine norms of dominance, control and power, which may result in less conflict with the boundaries of masculine gender roles and may explain why the relationship between conformity to masculine norms and psychological distress may not present in the same way that it presents for the prisoner group.

2.5.3 Comparing prisoners and officers

This study found a similar prevalence of conformity to masculine norms across both prison officers and prisoners. Of note, officers scored significantly higher on the *Violence* subscale of the

CMNI-46 compared with prisoner participants, a finding that might be unexpected. How we might understand this could link to the profession itself. Similarly to police officers, training for prison officers includes state- and institution-approved training of "controlled" forms of violence, for example the use of physical force during restraint (Arnold et al., 2008). The nature of the relationship between prison officers' attitudes towards violence and the institutional endorsement of violence remains unclear. Further investigation would be of benefit to explore this, for example if the endorsement of violent practices at an institutional level feeds into the system at an individual level (i.e. to impact on the views and practices of individual officers), or whether those who seek to become prison officers are already more likely to endorse positive attitudes towards violence, subsequently reinforced by the institution. This again links with the findings from interviews, highlighting the distinction made between internalised conformity to masculine norms and the display of masculinity that the environment necessitates.

With regards to self-reported distress, prisoners reported higher levels of distress than prison officers. However, it was notable that officers and prisoners scored similarly on items related to their risk to self and others. While the elevation of prisoner suicide rates, relative to the general population is well documented (Fazel et al., 2017), suicide rates amongst prison officers have received less attention. Data from 2010-2017 indicates an average annual suicide rate amongst prison officers in the UK of 23.6 per 100,000 officers (Clark, 2021; Office for National Statistics, 2019), which is elevated relative to general UK population suicide rates of 13.6 per 100,000 people (for the year 2012; Fazel et al., 2017). These figures, along with our findings of a similar prevalence of self-reported risk between prisoners and officers, indicate the need for further research into the risk-related wellbeing of prison officers.

2.5.4 The external performance of masculinity

When compared with general population prevalence rates (e.g. Cole, 2013; Folberth, 2014; Ramaeker & Petrie, 2019; Wasylkiw & Clairo, 2016), this study found that prisoners and officers

reported similar levels of overall conformity to masculine norms. However, when considered in conjunction with the data from interviews, this highlights a distinction between internal conformity to masculinity and displayed conformity to masculinity whilst in the prison environment. Both prisoner and prison officer interviews clearly highlighted that how distress and help-seeking are experienced in prison is shaped significantly by the need to create and maintain an outward image of oneself as more in line with masculine norms, which does not necessarily predicate the presence of internalised conformity to these norms. The distinction between internal and displayed conformity to masculine norms may explain why although the literature has theorised prisons to be hypermasculine environments (Sabo, 2001; Sim, 1995), the findings in this study indicate similar prevalence of conformity to masculine norms amongst prisoners compared to the general population. The construct being measured by the CMNI-46 is internal conformity to masculine norms (through private, anonymised self-report), rather than the externalised performance of masculinity that is captured within the interview data.

From interview data across both prisoner and officer groups, the notion of emotional expression as an indication of weakness was consistent, which is linked to a range of associated risks. While this is consistent with the literature on men's perceptions of emotional expression and mental health difficulties (Krumm et al., 2017), both prisoners and officers shared that their way of portraying themselves differs when they are outside the prison environment, highlighting the magnifying impact of prison. This suppression of emotional expression may partially explain the sizeable evidence that indicates that mental health difficulties amongst both prisoners and officers are rarely identified or treated (Fazel et al., 2016; Matharu, 2019).

For prisoners, Michalski (2017) theorizes that as prison environments often strip men of most of their forms of economic and political power, this leads to social status becoming a more significant priority as this is a prisoner's main way of accessing power and privilege, with the acquisition of status as being dependent on men competing to solidify their reputation as a "real man"

(Newton, 1994). As prisoners highlighted in their interviews in the present study, this leads to those who are less successful at competing in this performance of masculinity being bullied, exploited, ostracized or assaulted. In line with Michalski's (2017) theory, prisoners' loss of autonomy and control whilst in prison may also link to an increased desire to find ways to regain control of their circumstances, which may involve controlling the way they are perceived by others or controlling their emotions through suppression. Prisoners also importantly highlighted that although expression of vulnerability did not feel possible in a public space (e.g. while out on the wing), it was partially permitted to occur behind closed doors (e.g. in their cells) with particular trusted peers and this was a crucial source of support for prisoners.

Similarly, officers also highlighted the risks of expressing emotions, which included fears of being bullied or undermined by prisoners or colleagues and being perceived as incapable of doing their job properly. However, rather than social status being as salient, this was linked to the expectations of the role of an officer, perceived to include maintaining stoicism in order to preserve authority over the prisoners they oversee, not only in the face of witnessing serious incidents, but also in the context of an under-resourced work environment. Officers highlighted that desensitisation is an automatic way of coping that feels in line with the expectations of their role, but is also in part due to feeling that officer wellbeing and support following serious incidents are often not prioritised by management. Officers acknowledged an improvement in this over the last few years, with the introduction of services like Trauma Risk Management (TRiM; Jones et al., 2003). TRiM is a trauma-focused peer support system designed to help people who have experienced a traumatic event, initially developed for use within the UK Armed Forces and introduced for prison officers in 2020. This approach fits with the findings in this study that officers appreciated the importance of support from small, trusted peer groups, where they feel more able to show vulnerability. Although evidence has found that receipt of TRiM is associated with an increased likelihood of help-seeking amongst the

UK Armed Forces (Jones et al., 2017), it may be required that TRiM practices become more embedded within the prison services before these effects can be seen.

2.5.5 Strengths and limitations

This research was conducted within the context of a global pandemic (Covid-19), which undoubtedly impacted on the data collection as well as generalisability. Some of the impacts of Covid-19 on the methodology have been discussed previously; however, the impact on staff and prisoners of working and living in prison during Covid-19 must be acknowledged, as it may have impacted on some of these findings. Covid-19 brought multiple additional pressures, both in the prison context (e.g. prisoners having less time out of their room and less access to services, and officers working under significant restrictive conditions) and outside in the community (e.g. bereavement of family and friends). These will have impacted on various aspects of this study (e.g. increased self-reported distress and/or an increased awareness of psychological wellbeing, as has happened globally with Covid-19). Although the sample sizes for qualitative interviews were reduced due to the impact of Covid-19, the quantitative study was successfully able to include data from over 100 prisoners and over 30 officers living and working across a single prison establishment. Replicating this research when Covid-19 is no longer as much of a threat to health and society will be important to ascertain whether these findings remain relatively stable, or were specific to the context of the pandemic.

One limitation of this study is the specific context of the establishment within which the research took place. The establishment is located in a diverse London borough and houses only male prisoners who have been sentenced and have been deemed to meet the risk threshold warranting their residence in a "Category C" establishment. While this study has investigated individual experiences of masculinity, distress and help-seeking, the context of the establishment was crucial to the nature of the findings and similar results may not be found in another establishment which may have a different culture or house and employ a population with different demographics (e.g. in a less diverse area of the country or within a remand prison).

Although the power calculation indicated the sample size for prisoners in Part 1 to be reasonable, it is important to acknowledge that this was a relatively small sample size of prisoners at a single establishment, which limits the generalisability of the findings. The sample size for the prison officer group was smaller than indicated by power analysis; however, given the available pool of prison officers within the establishment, the sample size was reasonably representative. Additionally, for prison officers, convenience sampling was used at times. While this was helpful to improve the sample size, there is a possibility that this method may have resulted in either under- or over-representation of the available pool of officers, which may limit the generalisability of the findings. Future research should seek to replicate these findings across multiple sites, with a larger sample size of both prisoners and officers, using volunteer sampling, in order to address the limits of generalisability.

While qualitative research does not aim for generalisability, as small samples preclude representativeness, it is important to consider that some participants may have been more likely to be willing to engage in an interview compared with others, particularly in the context of the research topic. Participation in research may be thought to be similar in some ways to seeking help and it is possible that similar barriers may be present for both. Given the findings for prisoners of links between elevated conformity to masculine norms, increased distress and decreased likelihood of help-seeking, it is important to consider the role that masculinity may have played in who chose, or chose not to, participate in this research. Additionally, individuals experiencing higher levels of distress may have chosen not to engage in this research. It will be important for future research that aims to replicate these findings across other establishments to consider recruitment methods for qualitative interviews carefully in order to attempt to facilitate participation from those who may be less likely to come forward.

It is also important to acknowledge the researcher's identity and how this may have impacted on the recruitment of participants, what participants chose to disclose and how interview data was

interpreted and analysed. As a young female, I am demographically different in many ways to the prisoner population and this will inevitably have affected some participants willingness to share information through questionnaires or interviews, despite confidentiality and consent procedures. Additionally, given the topic of masculinity and distress and some of the themes highlighted during interviews, some participants may have felt compelled to respond in particular ways in order to protect themselves from feeling judged during the process of data collection itself. While efforts were made, through a bracketing interview and involving a second coder, to acknowledge any biases held by myself in relation to the research, these processes cannot entirely eliminate these biases, which may have impacted on the way in which the thematic analysis was conducted and which themes were identified.

2.5.6 Implications of this research

This study identifies the need for a shift in the culture of prisons, both from the perspective of staff and prisoners. For prisoners, loss of agency and control – while an inevitable element of the prison setup – results in an increased need to assert masculine values in other ways, leading to increased performance of masculinity through emotional suppression, pursuit of social status and reluctance to seek help. While these are issues observed across the masculinity literature, in prisons, the associated risks of not presenting an image that is in line with masculine ideals are magnified and mental health difficulties are elevated compared to the general population (Fazel & Seewald, 2012). Therefore, it is of utmost importance for prisoners to feel able to express their emotions and receive support where needed for any emotional distress particularly as prisoner mental health has been linked to likelihood of reoffending (Grann et al., 2008). Initial research findings support the use of sports-based interventions as a way of increasing awareness of mental health, coping skills and attitudes towards help-seeking for male prisoners who may be reluctant to engage with more "traditional" psychotherapeutic interventions (Woods et al., 2017; Woods et al., 2020). These interventions may be less stigmatised within the prison environment and may be deemed more

acceptable or appealing to male prisoners. Given the findings of increased endorsement of masculine values amongst younger prisoners, these types of interventions may be especially relevant for those in Young Offender Institutions (YOIs) or younger individuals residing within adult establishments. Additionally, given the highlighted importance of peer support amongst prisoners, increased provision of peer-to-peer support networks within prisons should be considered, rather than just focusing on interventions with professionals.

Prison officers' reluctance to seek help (linked with masculinity) and emotional suppression through desensitisation highlights the need for further support to prevent longer-term negative impacts on wellbeing, which could lead to burnout, as well as the likely impact on quality of care for prisoners that they are responsible for. Many prisons struggle with chronic shortages of prison officers (Winship et al., 2019), which may be linked to burnout. Reflective practice has been highlighted as an effective method of providing workers with a space to improve and maintain emotional wellbeing in the face of job-related stress, particularly where work involves experiences of trauma, either directly or vicariously (Frosch et al., 2018; Hazen et al., 2020; Nielsen & Tulinius, 2009). The introduction of a model of reflective practice within the prison officer role may address identified issues in this research through a number of means. Firstly, group reflective practice may offer the opportunity for officers to, over time, develop trust and comfort in expressing emotions that they may perceive others to judge them as vulnerable for. Through the acknowledgement of the shared emotional experiences of officers, individuals may feel more comfortable to disclose emotional responses that are less in line with traditional masculine ideals. Additionally, as highlighted in this research, a lack of time being allocated to supporting officers' wellbeing may be solved by the offer of a regular space for reflective practice, with the opportunity to focus on wellbeing within the work schedule.

While some research has highlighted factors that facilitate help-seeking in prisons (e.g. the expected response from a particular help-source, perceived skill of the help-source and

confidentiality; Howerton et al., 2007), the impact of masculinity should be considered more explicitly within future research, as this may link closely with the underlying drivers of these responses (e.g. expected response and confidentiality may be linked to perceived judgement from the help-source, which may be amplified for seeking help from male staff or peers). Additionally, it important to consider the provision of mental health services in prisons and the reality of accessing help (i.e. long waiting lists, limited staff resource), which likely impacts significantly on the likelihood of men in prison seeking help, regardless of the impact of masculinity.

Future research should seek to identify whether the findings of the present study are generalisable to other establishments and whether the culture of prisons in the UK is universal or if there are nuances between different establishments, e.g. based on geographic location, security category, age of prisoners (e.g. YOIs) and gender of prisoners. For example, research on the impact of masculinity in women's prisons may be of interest to explore how this presents differently and could provide further helpful insight into the role of the environment of prisons in endorsing masculine values, regardless of gender of prisoners, and therefore inhibiting emotional expression and help-seeking behaviour. Additionally, some establishments have embedded trauma-informed ways of working more than others – e.g. including the offer of reflective practice and/or supervision for prison officers; research in these establishments to determine how these ways of working have impacted on the prison culture will be important. Further study around the explicit relationship between masculinity, distress and help-seeking in prison, with consideration of any possible mediating variables, such as self-stigma, should be explored.

2.5.7 Conclusion

While studies have explored the links between conformity to masculine norms, psychological distress and help-seeking amongst samples of males, this is the first study to examine this in the context of a male prison environment. This study found a significant correlation between conformity to masculine norms and help-seeking for psychological distress, amongst both prisoners and officers,

indicating that those conforming more to masculine norms, particularly of emotional control, are less likely to seek help for psychological distress. Interview data supported the understanding of prisons as environments where masculinity is performed, highlighting a distinction between public (e.g. when visible in prison) and private (e.g. in the cell or with trusted peer groups) spaces where individuals' conformity to masculinity differs and expression of some vulnerability can be permitted. The clinical implications of this study provide the prison and probation services (HMPPS), and those working within them, with a greater understanding of the barriers to seeking help, expressing emotions and the impact this has on both prisoners and staff. Additionally, it identifies the need for a shift in the culture of prisons to combat some of these barriers linked to masculinity.

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Part 3: Critical Appraisal

3.1 Introduction

This critical appraisal will focus on the various challenges encountered while completing research within a UK male prison. I will begin by outlining my personal motivations and expectations for conducting this research, before examining some of the main challenges I encountered during the research process. I will discuss the difficulties with recruitment and data collection for both prisoners and officers, the shifting role of the researcher, the way in which the Covid-19 pandemic both compounded and added to challenges, and the impact of conducting research about masculinity and help-seeking. Throughout, I will reflect on the ways in which I attempted to overcome these challenges and the learnings I have taken from the process. I will then critically reflect on the ways in which psychological research is conducted in prisons, considering if this is really fit for purpose. Conclusions will outline the importance of anticipating challenges in prison research, highlighting recommendations for future research conducted in prison environments to consider.

3.2 Personal motivations and expectations

Prior to conducting this research, I had experience of working clinically within a UK male remand prison environment. This research study was partly borne out of this experience working as a clinician in a prison mental health team and encountering experiences on a regular basis that I personally viewed as linked to a heightened culture of masculinity. My anecdotal experience working in a prison had highlighted that not only was this culture salient for prisoners, but also seemed pervasive in its impact on officers. Being aware that many men in prison experience significant distress, I was keen to explore how the culture of masculinity may be limiting and shutting down conversations about emotions, wellbeing and an acknowledgement of men's struggles in custody. Acknowledging this personal motivation for conducting this research was extremely important to understand fully, in order to assess the biases that I may have held entering the research, as well as recognising that my views were undoubtedly linked to my position as a young female early on in a psychology career within a male-dominated environment.

From my experience working within prison settings, I was already aware of some of the difficulties that may arise conducting research within the same environment. Frustrations related to the practicalities of accessing and speaking to prisoners, as well as locating officers, were a daily reality working clinically. Additionally, I was acutely aware of the busy nature of the officer role, with daily tasks often perceived as burdensome by officers. Despite my hypotheses about some of the difficulties that could arise when conducting prison research, I did not appreciate the extent of challenges that would be faced during this research project.

3.3 Challenges in prison research

3.3.1 Recruitment and data collection

Participant recruitment in this study was a mixed experience, with similarities and differences between the factors at play for prisoners and prison officers. The response rate for prisoners for Part 1 of the study (19%) was in line with previous similar studies conducted with prisoners (e.g. 18% in Amato, 2012). Studies exploring a similar topic with different groups have reported a wide range of typical participation rates (university students: 3%, Heath, 2019; military veterans: 20%, McDermott et al., 2017; men with traumatic brain injuries: 51%, Good et al., 2006). While recruitment and data collection were thought about carefully prior to commencing the process, some of the difficulties that arose resulted in adaptations being made to the process in order to increase participation and ensure that data was collected within the necessary timeframes.

Practicalities and resource

The agreed approach for recruitment of prisoners in Part 1 of the study was to offer all eligible prisoners at the establishment the opportunity to participate, through giving out copies of the questionnaire bundle to every prisoner. Research has indicated that visibility and physical presence are helpful tools for building initial rapport to encourage research participation (Sixsmith et al., 2003), so we chose to have a face-to-face (through the door) conversation with every prisoner to

briefly explain the study and personally request participation, rather than just leaving questionnaires without any interaction, as well as allowing prisoners an opportunity to ask questions. While this approach likely did improve participation, it did mean that the recruitment process for prisoners was incredibly resource-intensive. For example, due to the lack of IT resources for prisoners, this involved printing approximately 7,000 pages of questionnaires, manually numbering and packaging them into pre-addressed envelopes that could be easily returned and spending a lengthy amount of time personally visiting approximately 650 cell doors.

Officer recruitment for Part 1 of the study brought up a number of different challenges. Dissemination of questionnaires was much more straightforward, as staff could access the questionnaire online through a link they were emailed. However, the frequency of global staff emails being sent out meant that, quite quickly, these emails likely became lost or buried in inboxes. This was evident from the immediate spike in participation when emails were first sent out, dropping down to no participation within just a few days. Additionally, *Qualtrics,* a platform for collating digital questionnaire data, allowed us to track the participation activity of officers. It was clear that a number of officers initiated completion of the questionnaire, but suspended this after a number of questions. One reason for this may have been due to the length of time taken to complete the questionnaires, as officers interviewed in this study regularly spoke about being extremely busy and having very little time to complete essential tasks (of which participating in research was unlikely to factor). However, the emotional responses evoked by the research content may have also contributed to a decision to cease responding.

In relation to conducting interviews in Part 2 of the study, a significant barrier for prisoner interviews was availability of a confidential, private space to talk. While some appropriate rooms were available in the Healthcare department, I was very aware of these rooms being shared between different healthcare teams, all of whom were attending to important clinical issues. This made me very wary of taking rooms away from substantive members of staff and potentially obstructing

prisoners' access to their clinical appointments. Additionally, due to security and Covid-19 risks of mixing prisoners from different wings, prisoners were only able to attend Healthcare on particular days. Working as a trainee clinical psychologist, I was only able to visit the prison once or twice a week on particular days, which limited which prisoners I could see in the available Healthcare rooms. Only two of the six prisoner interviews I conducted took place in Healthcare, with others taking place on the wings. Although a few private rooms were available on the wings where interviews were taking place, the day-to-day noisiness of the wing outside the room was audible and distracting for some participants. Additionally, I was mindful of how private the room actually felt for the prisoners when discussing potentially sensitive topics. The findings from this study, which indicated a discrepancy between public performance of masculinity vs. private possibilities for vulnerability, further underscore the importance of the security of a private, confidential space for prisoners when discussing sensitive topics.

Although recruitment for officer interviews was a difficult task, with the intended sample size not being fulfilled due to lack of uptake, for those officers who agreed to be interviewed, there were minimal difficulties encountered. Interviews took place outside working hours and over videocall, which ensured that officers could join the call from a place of their choosing where they felt comfortable to speak about the topics in question. I experienced all of the interviewed officers as very open and willing to share their experiences, with interviews often lasting longer than anticipated due to the amount they wanted to share. In line with previous research, this was an indication to me of the lack of time being the biggest barrier to participating for officers, as once arranged, they were able to be open and appeared to be trusting enough of the relationship to share their honest views (Ismail, 2020).

Researcher trust and credibility

Both researcher trust and researcher credibility have been identified as important facilitators to participation for groups that may be considered “hard-to-reach" (Emmel et al., 2007; Sixsmith et al., 2003). Previous research, along with the prisoner and officer interviews in this study, have highlighted the culture of mistrust within the prison environment, confirming the particular importance of researcher trust within this context (Crewe et al., 2014; Liebling & Arnold, 2004). Ethnographic approaches to research in prisons emphasise the importance of building trust over a lengthy period of time in order to facilitate participation and engagement from the group being studied (Drake & Harvey, 2014). However, in this study, the limited opportunity for me to be present in the establishment meant that the opportunity to build trusting relationships and assert myself as credible were limited and I became aware of the impact this may have on recruitment of both prisoners and officers. Research has supported the use of individuals who are part of the community being approached as a way of facilitating research participation amongst “hard-to-reach" groups (Elliott et al., 2002; Griffiths et al., 1993). In line with this, for prisoner recruitment, assistance was sought from prisoners working as Prison Information Desk (PIDS) representatives on each unit. The PIDS representatives that I approached were all receptive to the idea of supporting the research project and acknowledged the difficulties of recruiting prisoner participants, providing crucial support through collecting questionnaires and encouraging and reminding prisoner peers about participation.

Surprisingly, prisoner recruitment for Part 2 of the study was comparatively easy, with all prisoners approached agreeing to participate in a recorded interview. This was not a response I expected, given the issues related to researcher trust, especially in the context of the interview being recorded. It is important to note that only prisoners who expressed an interest in participating in Part 2 of the study were approached, so this likely impacted on their agreement to engage in an interview. Additionally, some of the prisoners explicitly reflected on why they had agreed to engage

during the interviews, citing the approach I had taken – these included appearing friendly, offering choice, engaging in conversations not related to the research topic to build rapport prior to requesting participation and being a familiar face when re-approached due to having met me when distributing questionnaires. The prisoners who spoke about this highlighted that this was helpful in feeling able to trust me and engage with me in a one-to-one conversation. However, they also reflected that they felt nervous about what they would be sharing with me during the interviews, given their awareness of the research topic and focus. Additionally, Part 1 of the study lacked the opportunity for connection that was permitted by the interviews, which may have been particularly sought after in light of the deprivation of connection experienced during the Covid-19 pandemic. After completing the interviews and developing more of an understanding of their experiences in custody, their enthusiasm to participate, as one way to feel their voices may be heard within a system that often limits this, made sense.

As discussed, email requests for questionnaire responses from officers were limited in their efficacy and this issue remained for recruitment of officers for interviews. Although only those who had expressed an interest were approached for interviews, the majority of individualised emails requesting participation were ignored. Once again, lack of time may have been a significant barrier, but my credibility as a researcher and the trust that officers had in the research may have also contributed to a dearth of response. Support from the Therapies Team (namely the Assistant Psychologist and Clinical Psychologist) at the prison was crucial to encourage officers to fill in questionnaires for Part 1 of the study and to encourage participation in interviews for Part 2 of the study. In some cases, there were established working relationships with particular officers, which allowed the Therapies Team to utilise the trusting relationship to encourage participation from officers. Additionally, while establishing credibility in a limited timeframe was more of a difficult task for me, this was already established for the Therapies Team, which likely further facilitated encouragement for officer participation. Despite efforts to improve officer participation in

interviews, the intended sample size for officers was not reached. Although these approaches did improve participation from staff, it is important to acknowledge the potential limitations of this approach. While the use of working relationships may have allowed for increased credibility and trust of the research project, officers may have felt more obliged to participate in order to maintain a good working relationship and the element of participant choice may have been less salient.

3.3.2 Navigating the researcher role

Throughout the research process, I found myself navigating the balance between my role as a researcher and my role as a clinical psychologist in training. This was especially difficult as, for the duration of recruitment and data collection, I was simultaneously working clinically at a different prison, engaging regularly in clinically focused conversations with prisoners. Throughout the research during my time onsite, I would very frequently get asked by prisoners what team I worked for and often felt compelled to give a hybrid answer that indicated that I was in the prison for a particular research project, but was also basing myself with the mental health team. Prisoners often noticed my NHS badge and approached me to speak about various different healthcare issues – e.g. needing to see a nurse to assess an injury or needing to have medication prescribed for mental health needs. I frequently felt that my response of "I'll make sure I pass on your concerns" was futile and probably frustrating for prisoners, which meant that I often found myself engaging in conversations with prisoners who wanted to speak about their mental health in order to ensure they felt heard, given there was little else I could do.

An important area of concern was how to manage risk-related information being disclosed to me, either through an individual's research participation or outside of the research. One of the questionnaires (CORE-OM) used in Part 1 of the study included questions about respondents' risk towards themselves and others. Although participants were made aware of how risk-related disclosures would be handled within the participant information sheet, due to the frequent time lag between prisoners completing the questionnaires and when I was scoring them, I was often left

feeling anxious if I noted a high risk-to-self score for someone who had completed the questionnaires weeks prior. While I felt that appropriate procedures were followed, it made me wonder about the prisoner experience of completing a questionnaire, honestly disclosing thoughts of self-harm, potentially hoping that this would lead to immediate follow-up and support and then being disappointed when this wasn't the case. On one occasion, I received a disclosure about risk to self from a prisoner while I was on the wings recruiting participants and it was necessary to move into my role as a clinician and briefly assess the level and severity of the risk, liaise with officers on the wing and consult with the mental health team to ensure follow-up.

One area where I found the researcher-clinician balance particularly difficult was during the prisoner interviews for Part 2 of the study. This was my first experience of conducting semi-structured research interviews and the similarities to therapy sessions in terms of context, relational dynamic and content meant that staying with the researcher role at times felt hard. While this duality is acknowledged to be common (Hay-Smith et al., 2016), I found myself often being drawn into wanting to assume a therapist role during my interviews as many of the prisoner participants shared personal experiences of trauma, loss and other difficult life events. Although I navigated this as best I could, by giving time and space to the stories they were sharing before moving conversation to the next questions, I would often be left either feeling guilty that I may have been able to do more or feeling that the individual would benefit from a further space to talk about their experiences.

3.3.3 Covid-19

Conducting research in prisons in the context of Covid-19 raised challenges before I even stepped into the prison setting. The process for seeking ethical approval from the HMPPS National Research Committee (NRC) completely changed in the context of the pandemic. Initially, all applications to conduct research were suspended, followed by a tiered system based on the priority of the study being proposed (e.g. research focused on the risks/impact of Covid-19 being prioritised) and the potential risk of conducting the research in transmitting covid into HMP establishments and

to staff and prisoners. All of this was a complex process of risk assessment, reflecting both HMPPS standards and guidelines, as well as UK national and local Covid-19 restrictions. These changes resulted in my ethics application being significantly delayed and conversations were initiated about whether I would need to change my research project completely. Not only was this stressful, but the uncertainty of how long the pandemic would affect the situation remained.

Inside prisons, the impact of the pandemic was severe, with initial modelling in April 2020 predicting that over 2,000 prisoners could die from Covid-19 if immediate efforts were not made to reduce contact within prisons (Bays et al., 2021; HM Inspectorate of Prisons, 2021). Heavy restrictions were put in place that significantly affected prisoners, prison staff and the family and friends of those working and living in prisons. By the point at which I began entering the prison to begin conducting my research, although the situation had improved slightly (e.g. prisoners had more time out of their rooms, staff were not required to wear as much protective gear and staff from different agencies could go onto the prison wings), there remained a number of significant restrictions. Prisoners' access to support networks remained limited, with visits suspended and no phone access in rooms meaning that telephone support could only be accessed during very specific time periods while outside of their rooms. For officers, significant strain remained in terms of their duties expanding to include Covid-related procedures, alongside their normal duties now that services had partly resumed. During the time I was recruiting and collecting data, the prison was affected by outbreaks of Covid-19 on multiple occasions. While there were clear processes around how this was managed, it resulted in the data collection process having to be paused or delayed multiple times. Additional delays were caused when I myself caught Covid-19 and had to isolate for nearly 2 weeks, meaning that planned interviews had to be cancelled last minute and rearranged. While this led to a lot of personal frustrations in the delays to the research process, it gave me an insight into just how difficult the pandemic was for officers working in prisons and for men living there.

3.3.4 The research topic

While numerous challenges in relation to the prison setting and the context of this research have been discussed, an area that I reflected on throughout the study was how the nature of the topic of masculinity and help-seeking for distress may be impacting on various aspects of the study. I noticed that upon briefly explaining the topic of the study to prisoners, a common response made reference to proving their personal mental wellbeing (e.g. "I'm not mad"). I would also often experience prisoners joking about another of their prisoner peers "being a nutter" and needing to see the mental health team. To me, these comments and jokes highlighted the strength of mental health-related stigma for men in prison and had a direct impact on some prisoners declining to participate. While mental health stigma is highly prevalent within the general population (Holder et al., 2019), the findings of the current review highlight the combined role that stigma and masculinity can play in the process of help-seeking and managing distress (e.g. Heath, 2019). The interplay of performative masculinity in addition to mental health-related stigma in prison likely led to a participation bias for prisoners. Those who held more stigmatised views about mental health and what it means to be a man may have been less likely to agree to engage in a study that requires some focus on the topic of emotional and psychological distress, which may have resulted in a sample more biased towards lower levels of stigma-related beliefs.

As the study highlighted, emotional suppression is a strategy employed a lot by both prisoners and staff. In relation to interviews, I wondered how it would feel to be aware that the interview may involve answering questions that relate to emotions or ways of managing emotions, and whether prisoners and officers who conformed more to masculine norms of emotional control may be less likely to volunteer to participate in interviews. Furthermore, during the interviews themselves, those who conform more to the norm of emotional control may have felt less able to express themselves as openly compared with those who conformed less.

It was also important to reflect on my position as a young, female researcher and how this may have facilitated or prevented participation. Although confidentiality was ensured during analysis and write-up, the signing of consent forms within the questionnaire pack meant that anonymisation of responses was completed after I had received the full questionnaire pack and a few prisoners commented that their questionnaire responses would not be anonymous to me. While fear of judgement wasn't explicitly named by those who made these comments, this was something I considered to be at play. Judgement was highlighted in the thematic analysis to be something that both prisoners and officers worry about, but the associated risks were likely different in relation to my position as an external researcher who is female, compared with for example, a male prisoner peer or a male officer. The interview conversations, participation rates and relational dynamics would likely have differed quite significantly had I been a male researcher – likely in both positive and negative ways. Additionally, it is important to acknowledge that, despite researching the topic, the impact of masculinity is something that I will never have personal experience of and my interpretations of their words and descriptions of their experiences will have varied compared to a male researcher.

3.4 Prison research methodologies

While some of the challenges outlined above are inherently related to the prison environment and conducting research more generally, some of the challenges that may be most crucial to supporting increased engagement in prison research may be related to the methodological approach taken. The approach taken in this study was in line with commonly used psychological research methodology, including both quantitative and qualitative elements (i.e. an external researcher entering an environment to collect data from the population of interest - "outsiders" coming inside). While this is often unavoidable in the context of research funding and who is funded to complete research, it heightens significant issues related to researcher trust, as discussed previously.

Ethnographic, or ethnographic-related, approaches to prison research have been widely used to study the culture and experiences of both prisoners (Drake, 2014; Earle & Phillips, 2012) and prison officers (Gariglio, 2016; Ricciardelli, 2022), emphasising the immersion of the ethnographic researcher within the prison environment over a period of time. Through the process of immersion, the researcher is able to both observe individuals within the environment – without interference – and also build trust and rapport that then allows for honest and authentic informal expressions about the experiences of the population. While the methodology of ethnography in prison facilitates the building of trust and rapport through immersion, the researcher remains an "outsider", albeit perhaps a "trusted outsider". True immersion is difficult to achieve, given the legal and physical boundaries enforced upon prisoners, while researchers are not subject to this loss of liberty. In a similar way for immersion with prison officers, the researcher does not hold the same employment requirements that require them to engage in the same roles that prison officers do. An increased immersive process may be possible with identified peer researchers who are part of, or have previously been part of, the prisoner or prison officer community and may be able to utilise this lived experience to enhance rapport building and observations that may not be noted by someone less familiar with the environment and culture. Recent peer-research in UK prisons has provided initial support for the feasibility and success of this as a model of research (Perrett et al., 2019).

In a similar way to other qualitative research methods, ethnographic research acknowledges the importance of personal reflexivity to critically reflect on the researcher's own biases in their interpretation of their observations. Prison research in particular is acknowledged to raise an additional level of possible subjectivity, derived from the emotional experience evoked by being an "outsider" in the prison environment (Drake & Harvey, 2014). Drake and Harvey (2014) highlight the researcher's need to use different "identities" in order to navigate the different context of interactions within the prison environment. They suggest that this leads to a conflict between feelings of elation, as a sense of "mastery" of understanding the prison environment that develops over time,

and feelings of personal meaninglessness, due to performance of different "identities" leading to an erasure of the researcher's "actual identity".

For research on the topic of masculinity, mental health and help-seeking, using a more ethnographic approach may have not only facilitated a further understanding of the nuanced observable behaviours and dynamics that play out in relation to masculinity, but also may have supported an improved building of rapport with participants. However, as discussed previously, it would be particularly important to consider the gender of the researcher and how this influences the experience in this type of research. Additionally, while ethnographic approaches provide a rich account of the lived experience and culture observed, without the use of one-to-one interviews, they may have limited access to participants' internal worlds, and may mostly provide an account of their externalised, performative selves. As this study highlighted a discrepancy between how masculine norms are internalised and adhered to in private compared to how they are performed given the prison context, the quantitative data collected (along with one-to-one interviews) was able to provide more of an understanding of the elements of masculinity that are or are not internalised, which then contribute to shaping ideas about distress and help-seeking publicly and privately.

3.5 Conclusions

There were a number of different challenges encountered during this research, some that are relevant to studies within prisons more generally, and some that are contextual in light of the Covid-19 pandemic and the research topic. Some of the challenges related to the prison context can be addressed through collaborative relationship-building with both prisoners and staff to support recruitment and data collection. Additionally, the importance of ample time to build trust with participants, which may warrant more ethnographically-informed approaches, is highlighted. Future research exploring masculinity and help-seeking for distress in prison settings should consider the

influences of researcher gender, demographics and context carefully; the use of peer researchers may be a helpful way of supporting mutual trust and engagement.

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Appendices

Appendix 1 STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No.	Recommendation	Page No.
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract	
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found	
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	
Objectives	3	State specific objectives, including any prespecified hypotheses	
Methods			
Study design	4	Present key elements of study design early in the paper	
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants	
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case	
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	
Bias	9	Describe any efforts to address potential sources of bias	

Study size	10	Explain how the study size was arrived at
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding
		(*b*) Describe any methods used to examine subgroups and interactions
		(*c*) Explain how missing data were addressed
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Case-control study*—If applicable, explain how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy
		(*e*) Describe any sensitivity analyses
Results		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed
		(b) Give reasons for non-participation at each stage
		(c) Consider use of a flow diagram
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders
		(b) Indicate number of participants with missing data for each variable of interest
		(c) *Cohort study*—Summarise follow-up time (eg, average and total amount)
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time
		Case-control study—Report numbers in each exposure category, or summary measures of exposure

		Cross-sectional study—Report numbers of outcome events or summary measures
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included
		(*b*) Report category boundaries when continuous variables were categorized
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses
Discussion		
Key results	18	Summarise key results with reference to study objectives
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21	Discuss the generalisability (external validity) of the study results
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.

Appendix 2 Correspondence from HMPPS National Research Committee (NRC) regarding Ethical Approval and Local Approval from No.1 Governor of establishment

HMPPS NRC Ethical Approval:

[redacted]

Dear ***Julie (LTVPS),***

Please find attached a research application for consideration for ***HMP Brixton*** only.

Research Title: Exploring masculinity, experience of distress, including Covid-related distress, and help seeking within a UK male prison.
Ref: 2021-061
Researcher: Jarrod Cabourne

Jarrod - Please take this as confirmation that your application has been sent to ***Julie (LTVPS)*** for consideration/processing.

Research approval criteria are as follows:

- There are sufficient links to MoJ/HMPPS business priorities.
- The demand on resources is reasonable.
- There are no concerns regarding overlaps with other (current/recent) research.
- The proposed methodology is appropriate and robust.
- Data protection/security issues have been sufficiently considered and addressed.
- Ethical issues have been appropriately addressed.
- The applicants possess the relevant experience and skills.

If the research is approved, the researcher should complete the attached research summary document for HMPPS (approximately three pages; maximum of five pages) which (i) summaries the research aims and approach, (ii) highlights the key findings, and (iii) sets out the implications for HMPPS decision-makers. The research summary should use language that an educated, but not research-trained person, would understand. It should be concise, well organised and self-contained. The conclusions should be impartial and adequately supported by the research findings. It should be submitted to the NRC. Provision of the research summary is essential if the research is to be of real use to HMPPS. The form should be completed and submitted once the research project has ended (ideally within one month of the end date).

Julie (LTVPS)- Please can confirmation of the decision be sent to the researcher and the NRC.

Kind regards,
NRC

Ministry of Justice

Chanelle Excell on behalf of the National Research Committee
Reducing Reoffending | Data & Analytical Services Directorate (DASD)
3rd Floor, 10 South Colonnade, Canary Wharf
London, E14 4PU
Follow us on Twitter @MoJGovUK
Research at HMPPS

Protecting and advancing the principles of justice

[redacted]

Good afternoon Jarrod,
Please find the completed research feedback sheet attached for your due review.
Kind regards,
Julie

Julie-Anne Aspin C.Psychol AFBPsS
BPS Chartered & HCPC Registered Forensic Psychologist,
London Cluster Lead Psychologist with oversight of **Brixton & Isis**,
HMPPS Psychology Service, Public Sector Prisons.

PSYCHOLOGY SERVICES
HM Prison & Probation Service

[redacted]

Base: HMP The Mount.

HMP The Mount

Working together achieving more

[redacted]

Dear Julie,

Many thanks for your comments in the review of the proposed research study at HMP Brixton. I have completed and attached the feedback form, responding to each of your queries in turn.

Please do let me know if there is anything else you require.

Kind regards, Jarrod

Dr Jarrod Cabourne
Clinical Psychologist & Therapies Lead for the Mental Health Team, Psychological Therapies Service and Neuro-diversity Pathway
HMP Brixton, Jebb Avenue, London SW2 5XF

My working days are Monday, Tuesday Morning and Wednesday

[redacted]
Web : www.beh-mht.nhs.uk

[redacted]

Many thanks for the additional information Jarrod.
Would you be kind enough to confirm that the Governor, Louise Ysart, is aware and in support of this research being undertaken please?

Kind regards,
Julie

Julie-Anne Aspin C.Psychol AFBPsS
BPS Chartered & HCPC Registered Forensic Psychologist,
London Cluster Lead Psychologist with oversight of **Brixton & Isis**,
HMPPS Psychology Service, Public Sector Prisons.

PSYCHOLOGY SERVICES
HM Prison & Probation Service

[redacted]

Base: HMP The Mount.

Working together achieving more

[redacted]

Dear Julie,

Thanks for your email. Yes, I have an email confirmation form Louise Ysart that she is happy for the research to take place.

Regards, Jarrod

[redacted]

021 15:59

Hi Jarrod,
That is marvellous, thank you!
Following the additional information you have provided, I am happy to **approve** this research.
Kind regards,
Julie

Julie-Anne Aspin C.Psychol AFBPsS
BPS Chartered & HCPC Registered Forensic Psychologist,
London Cluster Lead Psychologist with oversight of **Brixton & Isis**,
HMPPS Psychology Service, Public Sector Prisons.

PSYCHOLOGY SERVICES
HM Prison & Probation Service

[redacted]

Base: HMP The Mount.

Working together achieving more

No. 1 Governor Approval:

[redacted]

Hi Louise,

I hope that you are well and Brixton is starting to calm down a bit now for you. As always, do give me a shout if there is anything I can help with or if you would like me to facilitate (Covid secure, of course) any mindfulness sessions.

I am in the process of applying for ethics to conduct some research in HMP Brixton, with one of my trainee psychologists who is prison vetted. HMPS ethics board are being very strict at the moment, sadly pausing applications whilst in phase 5 (understandably) but I wanted to get things ready for when we are able to resume. You may recall that we conducted a piece of research last year on self-harm and suicide, which has now been completed and brought forward some very interesting results that I hope we can at some point integrate into how we think about ACCT and managing self-harm.

I am aware that as part of the ethics process, HMPS will want clarification that the research has agreement from local stakeholders (i.e. you as the governor of HMP Brixton). Would you be able to read the brief research outline below and reply with a one liner to this effect. If you have any additional thoughts or areas you would like us as a department to research, do let us know.

I look forward to hearing from you and again, always shout if there is anything I can help with.

Regards, Jarrod

RESEARCH OUTLINE

The project is on ***Masculinity within male prison settings***. This area is sparsely-researched and the impact of this on men's help-seeking behaviour has not been investigated. In the current pandemic, understanding men's responses to their and others' distress (including covid related anxiety and distress), as well as help seeking is particularly important. Responding to and understanding this distress is also of importance and therefore we also aim to explore the above also from the perspective of staff.

Research questions:
1. To what degree is conformity to masculine norms prevalent amongst both prisoners and prison officers in a UK male prison?
2. How does conformity to masculine norms shape prisoner and prison officer experiences of psychological distress in the context of Covid-19 and help-seeking?

It is hoped that this research will highlight barriers to help-seeking for both prisoners and prison officers, and aspects of prison culture that could be targeted to improve support and wellbeing, particularly in the context of the pandemic, as well as indicate areas where further prison officer training could be beneficial.

Dr Jarrod Cabourne
Clinical Psychologist & Therapies Lead for the Mental Health Team, Psychological Therapies Service and Neuro-diversity Pathway
HMP Brixton, Jebb Avenue, London SW2 5XF

My working days are Monday, Tuesday Morning and Wednesday

[redacted]
Web : www.beh-mht.nhs.uk

[redacted]

Sounds good and yes if you can facilitate a staff meditation session I have just started one lunch time with very small numbers – 4 with me in the Board room, let me know.

On the basis of the new research, this sounds interesting and I can offer my full support to you and your team.

Thanks

Louise

Louise Ysart I Governor
Her Majesty's Prison and Probation Service
HMP Brixton
Jebb Avenue I Brixton I SW2 5XF
Work : 0208 588 6091 I Emai:- [redacted]

Appendix 3 Questionnaire packs, including demographics, Conformity to Masculine Norms-46 (CMNI), Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM), General Help-Seeking Questionnaire-Adapted Version (GHSQ)

Prisoners:

DEMOGRAPHICS QUESTIONNAIRE

Thank you for participating in this study. Please answer the following questions.

Age: _____ years

Gender *(please tick)*:

- ☐ Male
- ☐ Female
- ☐ Other (please state below)

_____

Ethnicity *(please tick)*:

White
- ☐ English, Welsh, Scottish, Northern
- ☐ Irish or British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background

Asian or Asian British
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

Black, African, Caribbean or Black British
- ☐ African
- ☐ Caribbean
- ☐ Any other Black, African or Caribbean background

Mixed or Multiple ethnic groups
- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed or Multiple ethnic background

Other ethnic group
- ☐ Arab
- ☐ Any other ethnic group

How long have you spent in custody for your current charge/sentence?

____years ____ months

When did you arrive at HMP Brixton? Date: _____

How long do you have remaining to serve in custody? ____years ____ months

If you are IPP or under Immigration Hold, please tick as appropriate:

- ☐ IPP
- ☐ Immigration Hold

What is/are your index offence(s)? *(i.e. the offence(s) that you are currently in custody for) If you would prefer not to answer, please leave blank.*

_____

Which wing are you on? *(Please tick)*

- ☐ A wing
- ☐ B wing
- ☐ C wing
- ☐ D wing
- ☐ G wing
- ☐ LPU

The following pages contain a series of statements about how men might think, feel or behave. The statements are designed to measure attitudes, beliefs, and behaviors associated with both traditional and non-traditional masculine gender roles.

Thinking about your own actions, feelings and beliefs, please indicate how much you personally agree or disagree with each statement by circling "Strongly Disagree", "Disagree", "Agree," or "Strongly Agree" to the left of the statement.

(There are no right or wrong responses to the statements. You should give the responses that most accurately describe your personal actions, feelings and beliefs. It is best if you respond with your first impression when answering)

1. In general, I will do anything to win	Strongly Disagree	Disagree	Agree	Strongly Agree
2. If I could, I would frequently change sexual partners	Strongly Disagree	Disagree	Agree	Strongly Agree
3. I hate asking for help	Strongly Disagree	Disagree	Agree	Strongly Agree
4. I believe that violence is never justified	Strongly Disagree	Disagree	Agree	Strongly Agree
5. Being thought of as gay is not a bad thing	Strongly Disagree	Disagree	Agree	Strongly Agree
6. In general, I do not like risky situations	Strongly Disagree	Disagree	Agree	Strongly Agree
7. Winning is not my first priority	Strongly Disagree	Disagree	Agree	Strongly Agree
8. I enjoy taking risks	Strongly Disagree	Disagree	Agree	Strongly Agree
9. I am disgusted by any kind of violence	Strongly Disagree	Disagree	Agree	Strongly Agree
10. I ask for help when I need it	Strongly Disagree	Disagree	Agree	Strongly Agree
11. My work is the most important part of my life	Strongly Disagree	Disagree	Agree	Strongly Agree
12. I would only have sex if I was in a committed relationship	Strongly Disagree	Disagree	Agree	Strongly Agree
13. I bring up my feelings when talking to others	Strongly Disagree	Disagree	Agree	Strongly Agree
14. I would be furious if someone thought I was gay	Strongly Disagree	Disagree	Agree	Strongly Agree
15. I don't mind losing	Strongly Disagree	Disagree	Agree	Strongly Agree
16. I take risks	Strongly Disagree	Disagree	Agree	Strongly Agree
17. It would not bother me at all if someone thought I was gay	Strongly Disagree	Disagree	Agree	Strongly Agree

18. I never share my feelings	Strongly Disagree	Disagree	Agree	Strongly Agree
19. Sometimes violent action is necessary	Strongly Disagree	Disagree	Agree	Strongly Agree
20. In general, I control the women in my life	Strongly Disagree	Disagree	Agree	Strongly Agree
21. I would feel good if I had many sexual partners	Strongly Disagree	Disagree	Agree	Strongly Agree
22. It is important for me to win	Strongly Disagree	Disagree	Agree	Strongly Agree
23. I don't like giving all my attention to work	Strongly Disagree	Disagree	Agree	Strongly Agree
24. It would be awful if people thought I was gay	Strongly Disagree	Disagree	Agree	Strongly Agree
25. I like to talk about my feelings	Strongly Disagree	Disagree	Agree	Strongly Agree
26. I never ask for help	Strongly Disagree	Disagree	Agree	Strongly Agree
27. More often than not, losing does not bother me	Strongly Disagree	Disagree	Agree	Strongly Agree
28. I frequently put myself in risky situations	Strongly Disagree	Disagree	Agree	Strongly Agree
29. Women should be subservient to men	Strongly Disagree	Disagree	Agree	Strongly Agree
30. I am willing to get into a physical fight if necessary	Strongly Disagree	Disagree	Agree	Strongly Agree
31. I feel good when work is my first priority	Strongly Disagree	Disagree	Agree	Strongly Agree
32. I tend to keep my feelings to myself	Strongly Disagree	Disagree	Agree	Strongly Agree
33. Winning is not important to me	Strongly Disagree	Disagree	Agree	Strongly Agree
34. Violence is almost never justified	Strongly Disagree	Disagree	Agree	Strongly Agree
35. I am happiest when I'm risking danger	Strongly Disagree	Disagree	Agree	Strongly Agree
36. It would be enjoyable to date more than one person at a time	Strongly Disagree	Disagree	Agree	Strongly Agree
37. I would feel uncomfortable if someone thought I was gay	Strongly Disagree	Disagree	Agree	Strongly Agree
38. I am not ashamed to ask for help	Strongly Disagree	Disagree	Agree	Strongly Agree
39. Work comes first	Strongly Disagree	Disagree	Agree	Strongly Agree

40. I tend to share my feelings	Strongly Disagree	Disagree	Agree	Strongly Agree
41. No matter what the situation I would never act violently	Strongly Disagree	Disagree	Agree	Strongly Agree
42. Things tend to be better when men are in charge	Strongly Disagree	Disagree	Agree	Strongly Agree
43. It bothers me when I have to ask for help	Strongly Disagree	Disagree	Agree	Strongly Agree
44. I love it when men are in charge of women	Strongly Disagree	Disagree	Agree	Strongly Agree
45. I hate it when people ask me to talk about my feelings	Strongly Disagree	Disagree	Agree	Strongly Agree
46. I try to avoid being perceived as gay	Strongly Disagree	Disagree	Agree	Strongly Agree

OUTCOME MEASURE

IMPORTANT - PLEASE READ THIS FIRST

This form has 34 statements about how you have been OVER THE LAST WEEK.
Please read each statement and think how often you felt that way last week.
Then tick the box which is closest to this.
Please use a dark pen (not pencil) and tick clearly within the boxes.

Over the last week

		Not at all	Only Occasionally	Sometimes	Often	Most or all the time	OFFICE USE ONLY
1	I have felt terribly alone and isolated	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ F
2	I have felt tense, anxious or nervous	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ P
3	I have felt I have someone to turn to for support when needed	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0	☐ F
4	I have felt OK about myself	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0	☐ W
5	I have felt totally lacking in energy and enthusiasm	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ P
6	I have been physically violent to others	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ R
7	I have felt able to cope when things go wrong	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0	☐ F
8	I have been troubled by aches, pains or other physical problems	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ P
9	I have thought of hurting myself	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ R
10	Talking to people has felt too much for me	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ F
11	Tension and anxiety have prevented me doing important things	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ P
12	I have been happy with the things I have done	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0	☐ F
13	I have been disturbed by unwanted thoughts and feelings	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ P
14	I have felt like crying	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ W

Please turn over

Over the last week

	Not at all	Only Occasionally	Sometimes	Often	Most or all the time	OFFICE USE ONLY
15 I have felt panic or terror	0	1	2	3	4	P
16 I made plans to end my life	0	1	2	3	4	R
17 I have felt overwhelmed by my problems	0	1	2	3	4	W
18 I have had difficulty getting to sleep or staying asleep	0	1	2	3	4	P
19 I have felt warmth or affection for someone	4	3	2	1	0	F
20 My problems have been impossible to put to one side	0	1	2	3	4	P
21 I have been able to do most things I needed to	4	3	2	1	0	F
22 I have threatened or intimidated another person	0	1	2	3	4	R
23 I have felt despairing or hopeless	0	1	2	3	4	P
24 I have thought it would be better if I were dead	0	1	2	3	4	R
25 I have felt criticised by other people	0	1	2	3	4	F
26 I have thought I have no friends	0	1	2	3	4	F
27 I have felt unhappy	0	1	2	3	4	P
28 Unwanted images or memories have been distressing me	0	1	2	3	4	P
29 I have been irritable when with other people	0	1	2	3	4	F
30 I have thought I am to blame for my problems and difficulties	0	1	2	3	4	P
31 I have felt optimistic about my future	4	3	2	1	0	W
32 I have achieved the things I wanted to	4	3	2	1	0	F
33 I have felt humiliated or shamed by other people	0	1	2	3	4	F
34 I have hurt myself physically or taken dangerous risks with my health	0	1	2	3	4	R

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

	(W)	(P)	(F)	(R)	All items	All minus R
Total Scores						
Mean Scores (Total score for each dimension divided by number of items completed in that dimension)						

1. If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?

Please indicate your response by putting a line through the number that best describes your intention to seek help from each help source that is listed.

	Extremely Unlikely	Very Unlikely	Unlikely	Neither Likely nor Unlikely	Likely	Very Likely	Extremely Likely
a. Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	1	2	3	4	5	6	7
b. Friend (not related to you)	1	2	3	4	5	6	7
c. Parent	1	2	3	4	5	6	7
d. Other relative/family member	1	2	3	4	5	6	7
e. Mental health professional (e.g. psychologist, social worker, counsellor)	1	2	3	4	5	6	7
f. Phone helpline (e.g. Samaritans)	1	2	3	4	5	6	7
g. Doctor/GP	1	2	3	4	5	6	7
h. Chaplaincy	1	2	3	4	5	6	7
i. Prison officer	1	2	3	4	5	6	7
j. Other prison staff (e.g. Safer Custody, OMU)	1	2	3	4	5	6	7
k. I would not seek help from anyone	1	2	3	4	5	6	7
l. I would seek help from another not listed above (please list in the space provided, (e.g., work colleague. If no, leave blank) _____	1	2	3	4	5	6	7

2. If you were experiencing suicidal thoughts, how likely is it that you would seek help from the following people?

Please indicate your response by putting a line through the number that best describes your intention to seek help from each help source that is listed.

	Extremely Unlikely	Very Unlikely	Unlikely	Neither Likely nor Unlikely	Likely	Very Likely	Extremely Likely
a. Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	1	2	3	4	5	6	7
b. Friend (not related to you)	1	2	3	4	5	6	7
c. Parent	1	2	3	4	5	6	7
d. Other relative/family member	1	2	3	4	5	6	7
e. Mental health professional (e.g. psychologist, social worker, counsellor)	1	2	3	4	5	6	7
f. Phone helpline (e.g. Samaritans)	1	2	3	4	5	6	7
g. Doctor/GP	1	2	3	4	5	6	7
h. Chaplaincy	1	2	3	4	5	6	7
i. Prison officer	1	2	3	4	5	6	7
j. Other prison staff (e.g. Safer Custody, OMU)	1	2	3	4	5	6	7
k. I would not seek help from anyone	1	2	3	4	5	6	7
l. I would seek help from another not listed above (please list in the space provided, (e.g., work colleague. If no, leave blank) _____	1	2	3	4	5	6	7

Prison Officers:

DEMOGRAPHICS QUESTIONNAIRE

Thank you for participating in this study. Please answer the following questions.

Age: _____ years

Gender *(please tick)*:

- ☐ Male
- ☐ Female
- ☐ Other (please state below) _____

Ethnicity *(please tick)*:

White
- ☐ English, Welsh, Scottish, Northern Irish or British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background

Asian or Asian British
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

Black, African, Caribbean or Black British
- ☐ African
- ☐ Caribbean
- ☐ Any other Black, African or Caribbean background

Mixed or Multiple ethnic groups
- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed or Multiple ethnic background

Other ethnic group
- ☐ Arab
- ☐ Any other ethnic group

What is your position? *(Please tick)*

☐ OSG ☐ Officer ☐ SO ☐ CM ☐ Governor

How long have you worked as a prison officer? ____years ____ months

How long have you worked at HMP Brixton? ____years ____ months

Which wing/department do you most often work in?

- ☐ A wing
- ☐ B wing
- ☐ C wing
- ☐ D wing
- ☐ G wing
- ☐ LPU
- ☐ CSU
- ☐ OMU
- ☐ Safer Custody
- ☐ Security
- ☐ Other (please state below) _____

Copyrighted Conformity to Masculine Norms Inventory-46 measure removed

Copyrighted Conformity to Masculine Norms Inventory-46 measure removed

Copyrighted Conformity to Masculine Norms Inventory-46 measure removed

OUTCOME MEASURE

IMPORTANT - PLEASE READ THIS FIRST

This form has 34 statements about how you have been OVER THE LAST WEEK.
Please read each statement and think how often you felt that way last week.
Then tick the box which is closest to this.
Please use a dark pen (not pencil) and tick clearly within the boxes.

Over the last week

		Not at all	Only Occasionally	Sometimes	Often	Most or all the time	OFFICE USE ONLY
1	I have felt terribly alone and isolated	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ F
2	I have felt tense, anxious or nervous	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ P
3	I have felt I have someone to turn to for support when needed	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0	☐ F
4	I have felt OK about myself	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0	☐ W
5	I have felt totally lacking in energy and enthusiasm	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ P
6	I have been physically violent to others	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ R
7	I have felt able to cope when things go wrong	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0	☐ F
8	I have been troubled by aches, pains or other physical problems	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ P
9	I have thought of hurting myself	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ R
10	Talking to people has felt too much for me	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ F
11	Tension and anxiety have prevented me doing important things	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ P
12	I have been happy with the things I have done	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0	☐ F
13	I have been disturbed by unwanted thoughts and feelings	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ P
14	I have felt like crying	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ W

Please turn over

Over the last week

	Not at all	Only Occasionally	Sometimes	Often	Most or all the time	OFFICE USE ONLY
15 I have felt panic or terror	0	1	2	3	4	P
16 I made plans to end my life	0	1	2	3	4	R
17 I have felt overwhelmed by my problems	0	1	2	3	4	W
18 I have had difficulty getting to sleep or staying asleep	0	1	2	3	4	P
19 I have felt warmth or affection for someone	4	3	2	1	0	F
20 My problems have been impossible to put to one side	0	1	2	3	4	P
21 I have been able to do most things I needed to	4	3	2	1	0	F
22 I have threatened or intimidated another person	0	1	2	3	4	R
23 I have felt despairing or hopeless	0	1	2	3	4	P
24 I have thought it would be better if I were dead	0	1	2	3	4	R
25 I have felt criticised by other people	0	1	2	3	4	F
26 I have thought I have no friends	0	1	2	3	4	F
27 I have felt unhappy	0	1	2	3	4	P
28 Unwanted images or memories have been distressing me	0	1	2	3	4	P
29 I have been irritable when with other people	0	1	2	3	4	F
30 I have thought I am to blame for my problems and difficulties	0	1	2	3	4	P
31 I have felt optimistic about my future	4	3	2	1	0	W
32 I have achieved the things I wanted to	4	3	2	1	0	F
33 I have felt humiliated or shamed by other people	0	1	2	3	4	F
34 I have hurt myself physically or taken dangerous risks with my health	0	1	2	3	4	R

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

	(W)	(P)	(F)	(R)	All items	All minus R
Total Scores						
Mean Scores (Total score for each dimension divided by number of items completed in that dimension)						

1. If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?

Please indicate your response by putting a line through the number that best describes your intention to seek help from each help source that is listed.

1 = Extremely Unlikely 3 = Unlikely 5 = Likely 7 = Extremely Likely

a. Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	1	2	3	4	5	6	7
b. Friend (not related to you)	1	2	3	4	5	6	7
c. Parent	1	2	3	4	5	6	7
d. Other relative/family member	1	2	3	4	5	6	7
e. Mental health professional (e.g. psychologist, social worker, counsellor)	1	2	3	4	5	6	7
f. Phone helpline (e.g. Lifeline)	1	2	3	4	5	6	7
g. Doctor/GP	1	2	3	4	5	6	7
h. Minister or religious leader (e.g. Priest, Rabbi, Chaplain)	1	2	3	4	5	6	7
i. I would not seek help from anyone	1	2	3	4	5	6	7
j. I would seek help from another not listed above (please list in the space provided, (e.g., work colleague. If no, leave blank)_____	1	2	3	4	5	6	7

2. If you were experiencing suicidal thoughts, how likely is it that you would seek help from the following people?

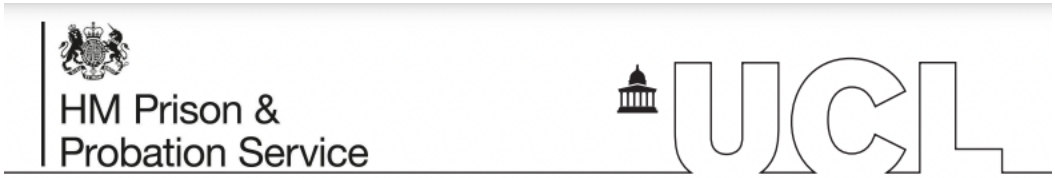
Please indicate your response by putting a line through the number that best describes your intention to seek help from each help source that is listed.

1 = Extremely Unlikely 3 = Unlikely 5 = Likely 7 = Extremely Likely

a. Intimate partner (e.g., girlfriend, boyfriend, husband, wife, de' facto)	1	2	3	4	5	6	7
b. Friend (not related to you)	1	2	3	4	5	6	7
c. Parent	1	2	3	4	5	6	7
d. Other relative/family member	1	2	3	4	5	6	7
e. Mental health professional (e.g. psychologist, social worker, counsellor)	1	2	3	4	5	6	7
f. Phone helpline (e.g. Lifeline)	1	2	3	4	5	6	7
g. Doctor/GP	1	2	3	4	5	6	7
h. Minister or religious leader (e.g. Priest, Rabbi, Chaplain)	1	2	3	4	5	6	7
i. I would not seek help from anyone	1	2	3	4	5	6	7
j. I would seek help from another not listed above (please list in the space provided, e.g., work colleague. If no, leave blank)_____	1	2	3	4	5	6	7

Appendix 4 Participant Information Sheets and Consent Forms

Prisoners Quantitative:



Participant Information Sheet

Project Title: Exploring masculinity, experience of distress, including Covid-related distress, and help seeking within a UK male prison

We are Jarrod Cabourne (Clinical Psychologist at HMP Brixton) and Taanvi Ramesh (Trainee Clinical Psychologist on the Doctorate in Clinical Psychology at UCL). We are conducting a research project on "Masculinity, distress and help-seeking in a UK male prison". The data controller for this project will be University College London (UCL).

We are conducting this research to gain an understanding of the views and opinions of prisoners about experiencing distress, seeking help for distress and helping other men in distress. We hope that this study will give some information to the prison and the healthcare team about what prisoners feel is helpful, what is unhelpful and how best they can be supported within the prison. This research is funded by UCL.

Your Participation in the Research Project

You have been invited to take part in this research because you are currently a resident within HMP Brixton. There is no obligation to take part in this study. Should you choose not to take part in this study, there will be no penalty involved. If you decide to take part in this study and wish to withdraw, you are free to do so without prejudice, within 2 weeks after participating. If you choose to withdraw from this study, you can do so by notifying the researchers, via the usual prison app system.

If you agree to take part in the study, you will be asked to complete 4 questionnaires:

1. Demographics questionnaire - this questionnaire will allow to collect some general details (e.g. age, offence, ethnicity etc.)
2. Conformity to Masculine Norms Inventory-46 (CMNI-46) - this questionnaire is designed to measure how much someone conforms to masculine norms.
3. Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) - this questionnaire is designed to measure overall psychological distress.
4. General Help-Seeking Questionnaire (GHSQ) - this questionnaire is designed to assess attitudes towards help-seeking for psychological distress.

If you choose to take part in the study, your name will be entered into a draw to win a cake from the prison restaurant!

If you choose to take part in the study, you may be contacted after completing these questionnaires to be invited to engage in an interview to discuss the relevant topics further. However, you will be given another information sheet and consent form prior to participating in this second part of the study, if you choose to do so. If you take part in the second part of the study, you will be compensated for your time with a cake from the prison restaurant.

All data from the questionnaires will be confidential. Any data used in the research will be anonymised and personal data will not be shared with anyone other than the lead researcher. Data collected from your participation will be stored securely and anonymously for two years. After this period, all data will be securely disposed of. The only exceptions to confidentiality are if any of the following are discussed:

- Any risk to children;
- Any risk posed to the public, other staff or prisoners or prison security;
- Any risk to yourself;
- If you give details about a crime that has not been reported.

In the above cases, the normal procedures will be followed. If you have any questions about these exceptions, please feel free to ask the researcher.

We do not anticipate that participating in this study will have any negative impact on you. However, if you do experience any distress after completing the questionnaires, you are advised to inform a member of staff. You can also ask to speak with a listener if you would find that helpful, and are reminded that the Samaritans phone is available to use should you require it. The chaplaincy staff and staff in the Mental Health Team can also be contacted if you would like their support in managing any difficult feelings, accessed through the Health & Wellbeing service.

We will be statistically analysing the data and writing up results for use in a Research Project as part of one of the researcher's Doctoral studies. Results will be shared with the service and may be submitted as a publication to a suitable peer reviewed journal. However, in all sharing of results, we will not share any personal identifiable data, and you will remain anonymous throughout the process.

All standard health and safety regulations will be adhered to and there are no special precautions that you need to take before, during or after taking part in the study. Agreement to participate in this research does not change your legal rights.

If you wish to contact us for further information about the study, please contact us by requesting to speak to the researchers via the usual prison app system.

Thank you for taking the time to read this form.

YOU CAN KEEP THIS COPY OF THE INFORMATION SHEET

HM Prison & Probation Service

UCL

Consent Form

Project Title: Exploring masculinity, experience of distress, including Covid-related distress, and help seeking within a UK male prison

Main investigators: Jarrod Cabourne (Clinical Psychologist, HMP Brixton) & Taanvi Ramesh (Trainee Clinical Psychologist, UCL)

I understand that by signing below, I am consenting to the following:

1. I agree to take part in the above research. I have read the Participant Information Sheet that has been provided. I understand what my role will be in this research, and all my questions have been answered to my satisfaction.
2. I understand that I am free to withdraw from the research, for any reason and without prejudice, within two weeks of participation.
3. I have been informed that the confidentiality of the information I provide will be safeguarded and I am aware of the exceptions to this.
4. I understand that my data will be made anonymous and erased 2 years after the end of the study.
5. I am free to ask any questions at any time before and during the study.
6. I have been provided with a copy of this form and the Participant Information Sheet upon request.

Data Protection: I agree to the University processing personal data which I have supplied. I agree to the processing of such data for any purposes connected with the Research Project as outlined to me.

Name of participant (print) _____

Signed_____ **Date**_____

The second part of this study will involve meeting with one of the researchers for a short interview. You will be compensated for your time with a cake from the prison restaurant.

☐ ***Please tick this box if you would be happy to be contacted to participate in this part of the study.***

YOU WILL BE GIVEN A COPY OF THIS FORM TO KEEP UPON REQUEST

HM Prison & Probation Service

UCL

If you wish to withdraw from the research, please complete the form below and return to the main investigators named above.

Title of Project: *Exploring masculinity, experience of distress, including Covid-related distress, and help seeking within a UK male prison*

I WISH TO WITHDRAW FROM THIS STUDY

Signed: _____ Date: _____

Prison Officers Quantitative:

HM Prison & Probation Service

UCL

Participant Information Sheet

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We are Jarrod Cabourne (Clinical Psychologist at HMP Brixton) and Taanvi Ramesh (Trainee Clinical Psychologist on the Doctorate in Clinical Psychology at UCL). We are conducting a research project on "Masculinity, distress and help-seeking in a UK male prison". You are invited to participate. The data controller for this project will be University College London (UCL).

We are conducting this research to gain an understanding of the views and opinions of prisoner officers about experiencing distress, seeking help for distress and helping other men in distress. We hope that this study will give some information to the prison about what prisoner officers feel is helpful, what is unhelpful and how best they can be supported within the prison. This research is funded by UCL.

Your Participation in the Research Project

You have been invited to take part in this research because you are currently a prison officer at HMP Brixton. There is no obligation to take part in this study. Should you choose not to take part in this study, there will be no penalty involved. If you decide to take part in this study and wish to withdraw, you are free to do so without prejudice, within 2 weeks after participating. If you choose to withdraw from the study, you can do so by notifying the researchers, via email.

If you agree to take part in the study, you will be asked to complete 4 questionnaires:

1. Demographics questionnaire - this questionnaire will allow to collect some general details (e.g. age, offence, ethnicity etc.)
2. Conformity to Masculine Norms Inventory-46 (CMNI-46) - this questionnaire is designed to measure how much someone conforms to masculine norms.
3. Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) - this questionnaire is designed to measure overall psychological distress.
4. General Help-Seeking Questionnaire (GHSQ) - this questionnaire is designed to assess attitudes towards help-seeking for psychological distress.

If you choose to take part in the study, you may be contacted after completing these questionnaires to be invited to engage in an interview to discuss the relevant topics further. However, you will be given another information sheet and consent form prior to participating in this second part of the study, if you choose to do so.

All data from the questionnaires will be confidential. Any data used in the research will be anonymised and personal data will not be shared with anyone other than the lead researcher. Data collected from your participation will be stored securely and anonymously for two years. After this period, all data will be securely disposed of. The only exceptions to confidentiality are if any of the following are discussed:

- Any risk to children;
- Any risk posed to the public, other staff or prisoners or prison security;
- Any risk to yourself;
- If you give details about a crime that has not been reported.

In the above cases, the normal procedures will be followed. If you have any questions about these exceptions, please feel free to ask the researcher.

We do not anticipate that participating in this study will have any negative impact on you. However, if you do experience any distress after completing the questionnaires, you are advised to speak to your line manager or other relevant support networks.

We will be statistically analysing the data and writing up results for use in a Research Project as part of one of the researcher's Doctoral studies. Results will be shared with the service and may be submitted as a publication to a suitable peer reviewed journal. However, in all sharing of results, we will not share any personal identifiable data, and you will remain anonymous throughout the process.

All standard health and safety regulations will be adhered to and there are no special precautions that you need to take before, during or after taking part in the study. Agreement to participate in this research does not change your legal rights should something go wrong.

If you wish to contact us for further information about the study, please contact us by requesting to speak to us via email.

Thank you for taking the time to read this form.

YOU CAN KEEP THIS COPY OF THE INFORMATION SHEET

HM Prison & Probation Service

UCL

Consent Form

Project Title: Exploring masculinity, experience of distress, including Covid-related distress, and help seeking within a UK male prison

Main investigators: Jarrod Cabourne (Clinical Psychologist, HMP Brixton) & Taanvi Ramesh (Trainee Clinical Psychologist, UCL)

I understand that by signing below, I am consenting to the following:

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2. I understand that I am free to withdraw from the research, for any reason and without prejudice, within two weeks of participation.
3. I have been informed that the confidentiality of the information I provide will be safeguarded and I am aware of the exceptions to this.
4. I understand that my data will be made anonymous and erased 2 years after the end of the study.
5. I am free to ask any questions at any time before and during the study.
6. I have been provided with a copy of this form and the Participant Information Sheet upon request.

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Name of participant (print) _____

Signed_____ **Date**_____

The second part of this study will involve meeting with one of the researchers for a short interview. You will be compensated for your time with a cake from the prison restaurant.

☐ ***Please tick this box if you would be happy to be contacted to participate in this part of the study.***

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Prisoners Qualitative:

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We are Jarrod Cabourne (Clinical Psychologist at HMP Brixton) and Taanvi Ramesh (Trainee Clinical Psychologist on the Doctorate in Clinical Psychology at UCL). We are conducting a research project on "Masculinity, distress and help-seeking in a UK male prison". You are invited to participate. The data controller for this project will be University College London (UCL).

We are conducting this research to gain an understanding of the views and opinions of prisoners about experiencing distress, seeking help for distress and helping other men in distress. We hope that this study will give some information to the prison about what prisoners feel is helpful, what is unhelpful and how best they can be supported within the prison. This research is funded by UCL.

Your Participation in the Research Project

You have been invited to take part in this research because you are currently a resident within HMP Brixton and you took part in the first part of this study. There is no obligation to take part in this part of the study. Should you choose not to take part in this part of study, there will be no penalty involved. If you decide to take part in this part of the study and wish to withdraw, you are free to do so without prejudice, within 2 weeks after participating. If you choose to withdraw from this part of study, you can do so by notifying the researchers, via the usual prison app system.

If you agree to take part in this part of the study, you will be asked to engage in an interview with one of the researchers (Taanvi Ramesh). The interview will take place in a private room (either on the wing or in Healthcare) and will be recorded for the purposes of the research. During the interview, you will be asked questions and be allowed to talk freely about your views on experiencing distress, seeking help for distress and responding to other men in distress. The interview will last approximately 40-60 minutes, depending on what is discussed. You will be reimbursed for your time with a cake from The Clink.

Everything that is discussed in the interview will be confidential. Any data used in the research will be anonymised and personal data will not be shared with anyone other than the lead researcher. Data collected from your participation will be stored securely and anonymously for two years. After this period, all data will be securely disposed of. The only exceptions to confidentiality are if any of the following are discussed:

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- Any risk posed to the public, other staff or prisoners or prison security;
- Any risk to yourself;
- If you give details about a crime that has not been reported.

In the above cases, the normal procedures will be followed. If you have any questions about these exceptions, please feel free to ask the researcher.

We do not anticipate that participating in this study will have any negative impact on you. However, if you do experience any distress after the interview or are concerned about your personal wellbeing, you are advised to inform a member of staff. You can also ask to speak with a listener if you would find that helpful, and are reminded that the Samaritans phone is available to use should you require it. The chaplaincy staff and staff in the Mental Health Team can also be contacted if you would like their support in managing any difficult feelings, accessed through the Health & Wellbeing service.

The interview recording will be transcribed. It will then be analysed using a method called Thematic Analysis (TA). Results will be shared with the service and may be submitted as a publication to a suitable peer reviewed journal. However, in all sharing of results, we will not share any personal identifiable data, and you will remain anonymous throughout the process.

All standard health and safety regulations will be adhered to and there are no special precautions that you need to take before, during or after taking part in the study. Agreement to participate in this research does not change your legal rights should something go wrong.

If you wish to contact us for further information about the study, please contact us by requesting to speak to the researchers via the usual prison app system.

Thank you for taking the time to read this form.

HM Prison & Probation Service

UCL

Consent Form

Project Title: Exploring masculinity, experience of distress, including Covid-related distress, and help seeking within a UK male prison

Main investigators: Jarrod Cabourne (Clinical Psychologist, HMP Brixton) & Taanvi Ramesh (Trainee Clinical Psychologist, UCL)

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2. I understand that I am free to withdraw from the research, for any reason and without prejudice, within two weeks of participation.
3. I have been informed that the confidentiality of the information I provide will be safeguarded and I am aware of the exceptions to this.
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Name of participant (print) _____

Signed_____ **Date**_____

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Prison Officers Qualitative:

HM Prison & Probation Service

UCL

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If you agree to take part in this part of the study, you will be asked to engage in an interview with one of the researchers (Taanvi Ramesh). The interview will take place using a video-call software and will be recorded for the purposes of the research. During the interview, you will be asked questions and be allowed to talk freely about your views on experiencing distress, seeking help for distress and responding to other men in distress. The interview will last approximately 40-60 minutes, depending on what is discussed. You will be reimbursed (£20) for your time.

Everything that is discussed in the interview will be confidential. Any data used in the research will be anonymised and personal data will not be shared with anyone other than the lead

researcher. Data collected from your participation will be stored securely and anonymously for two years. After this period, all data will be securely disposed of. The only exceptions to confidentiality are if any of the following are discussed:

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In the above cases, the normal procedures will be followed. If you have any questions about these exceptions, please feel free to ask the researcher.

We do not anticipate that participating in this study will have any negative impact on you. However, if you do experience any distress after the interview or are concerned about your personal wellbeing, you can either speak with you GP, discuss with your line manager or contact the Brixton Care Team by emailing [redacted] or [redacted]

The interview recording will be transcribed. It will then be analysed using a method called Thematic Analysis (TA). Results will be shared with the service and may be submitted as a publication to a suitable peer reviewed journal. However, in all sharing of results, we will not share any personal identifiable data, and you will remain anonymous throughout the process.

All standard health and safety regulations will be adhered to and there are no special precautions that you need to take before, during or after taking part in the study. Agreement to participate in this research does not change your legal rights should something go wrong.

If you wish to contact us for further information about the study, please contact us by requesting to speak to us via email.

Contact details – [redacted]

Thank you for taking the time to read this form.

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Appendix 5 Tables of results from Shapiro-Wilk test of normality for different variables and Levene's test of homogeneity of variance for different paired comparisons

Main variables – Shapiro-Wilk tests for prisoners and officers and Levene's tests for comparison between prisoners and officers:

Variable	Prisoners (*n* = 109)		Officers (*n* = 35)		Comparison	
	W	***p***	***W***	***p***	***F***	***p***
CMNI Total	.988	.410	.978	.700	.552	.459
CMNI Winning	.969	.012*	.953	.140	1.223	.271
CMNI Emotional Control	.958	.002*	.971	.479	1.105	.295
CMNI Risk-Taking	.978	.071	.965	.312	.248	.619
CMNI Violence	.953	<.001*	.966	.345	.125	.724
CMNI Power over Women	.843	<.001*	.877	.001*	1.045	.308
CMNI Playboy	.962	.003*	.931	.029*	1.411	.237
CMNI Self-Reliance	.959	.002*	.913	.009*	8.510	.004*
CMNI Primacy of Work	.964	.005*	.958	.206	.033	.855
CMNI Heterosexual Self-Presentation	.959	.002*	.932	.032*	.026	.872
CORE-OM Total	.973	.024*	.961	.249	10.277	.002*
CORE-OM Wellbeing	.964	.005*	.931	.030*	3.231	.074
CORE-OM Problems	.961	.003*	.954	.153	7.394	.007*
CORE-OM Functioning	.985	.276	.964	.308	8.915	.003*
CORE-OM Risk	.770	<.001*	.653	<.001*	6.050	.015*
GHSQ Total	.977	.051	.968	.417	8.410	.004*
GHSQ1	.980	.107	.991	.993	6.156	.014*
GHSQ2	.967	.008*	.936	.049*	8.142	.005*

W = test statistic for Shapiro-Wilk test; *F* = test statistic for Levene's test; * Significant at the .05 level

Demographic variables – Shapiro-Wilk tests for prisoners and officers:

Variable	Prisoners (*n* = 109)		Officers (*n* = 35)	
	W	***p***	***W***	***p***
Age	.961	.004*	.855	<.001*
Time in custody	.796	<.001*	-	-
Time in current establishment	.731	<.001*	-	-
Time left before release date	.868	<.001*	-	-
Time working as officer	-	-	.624	<.001*
Time working at current establishment	-	-	.686	<.001*

Shapiro-Wilk tests and Levene's test for officer group comparisons between genders:

Variable	Males (*n* = 26)		Females (*n* = 9)		Comparison	
	W	*p*	*W*	*p*	*F*	*p*
CMNI-46	.964	.476	.942	.598	2.065	.160
CORE-OM	.954	.290	.933	.507	.606	.442
GHSQ	.957	.363	.957	.771	.161	.691

Appendix 6 Schedule for prisoner and officer semi-structured interviews

Prisoners:

1. **Do you feel like there is a focus on emotional wellbeing in discussions amongst men in prison?**

   Prompts: If yes, how does this generally happen? Who does this happen amongst? If not, why do you think this is? Is this different for different groups of people?

2. **Can you tell me about your experience of emotional or psychological difficulties within the prison environment?**

   Prompts: What have some of these difficulties been? How do you feel that being in the prison environment (if at all it has) has impacted on these difficulties arising? In what ways is this different or similar to your experience outside of the prison environment? Why is that different or similar?

3. **Can you tell me about your experience of expressing any emotional or psychological difficulties within the prison environment?**

   Prompts: Have you felt able to express these difficulties to anyone? If you have, why? If you have not, what have been the barriers? Has anything enabled it? Has this felt more possible with certain people compared with others? If so, who and why? In what ways is this different or similar to your experience outside of the prison environment? Why is that different or similar?

4. **How have you managed emotional or psychological difficulties within the prison environment?**

   Prompts: In what ways is this different or similar to your experience outside of the prison environment? Why is that different or similar?

5. **Can you tell me about your experience of seeking help for psychological difficulties within the prison environment?**

   Prompts: What are your attitudes towards seeking help? What has been difficult with regards to seeking help? What has been good with regards to seeking help? If you have sought help, why? If you have not sought help, why not? What are some of the barriers to seeking help? Who have you sought help from? Are there differences in the experiences of seeking help from different staff members or teams or different peers? How do you feel staff members have perceived your seeking of help? How do you feel other prisoners have perceived your seeking of help? In what ways is this different or similar to your experience outside of the prison environment? Why is that different or similar?

6. **Can you tell me about your experience of responding to other men in prison who are experiencing psychological difficulties/distress?**

   Prompts: When you have seen other men in distress how have you responded? How have you seen other men in the prison to respond to men in distress? What are some of the things that affect how you respond to other men in distress?

Prison Officers:

1. **Do you feel like there is a focus on emotional wellbeing in discussions amongst staff/prisoners/managers across the prison?**

   Prompts: If yes, how does this generally happen? Who does this happen amongst? If not, why do you think this is? Is this different for different groups of people? What about responding to distress in discussions amongst staff/prisoners/managers across the prison?

2. **Can you tell me about your experience of emotional or psychological difficulties while working within the prison environment?**

   Prompts: What have some of these difficulties been? How do you feel that working within the prison environment (if at all it has) has impacted on these difficulties arising? In what ways is this different or similar to your experience outside of the prison environment? Why is that different or similar?

3. **Can you tell me about your experience of expressing any emotional or psychological difficulties while working within the prison environment?**

   Prompts: Have you felt able to express these difficulties to anyone? If you have, why? If you have not, what have been the barriers? Has anything enabled it? Has this felt more possible with certain people compared with others? If so, who and why? In what ways is this different or similar to your experience outside of the prison environment? Why is that different or similar?

4. **How have you managed emotional or psychological difficulties while working within the prison environment?**

   Prompts: In what ways is this different or similar to your experience outside of the prison environment? Why is that different or similar?

5. **Can you tell me about your experience of seeking help for psychological difficulties while working within the prison environment?**

   Prompts: What are your attitudes towards seeking help? What has been difficult with regards to seeking help? What has been good with regards to seeking help? If you have sought help, why? If you have not sought help, why not? What are some of the barriers to seeking help? Who have you sought help from? Are there differences in the experiences of seeking help from different people? How do you feel other staff members have perceived your seeking of help? In what ways is this different or similar to your experience outside of the prison environment? Why is that different or similar?

6. **Can you tell me about your experience of responding to other staff members within the prison who are experiencing psychological difficulties/distress?**

   Prompts: When you have seen other staff members in distress how have you responded/how do you feel you should respond? How have you seen other staff members in the prison respond to their colleagues in distress? What are some of the things that affect how you respond to fellow staff members in distress?

7. **Can you tell me about your experience of men in prison expressing distress or psychological difficulties?**

   Prompts: what are the different ways in which men in prison express distress? Why do you think this is? What are the barriers to expressing distress for men in prison? Why do you think some men in prison do or don't express their distress in X way?

8. **How do you experience the prison environment in responding to prisoner's distress or experience of psychological difficulties?**

   Prompts: why do you think these ways of responding happen?

9. **Can you tell me about your experience of men in prison seeking help for distress or psychological difficulties?**

   Prompts: what are the different ways in which men in prison seek help for distress? Why do you think this is? What are the barriers to seeking help for men in prison (prompt on internal and external factors)? Why do you think some men in prison do or don't seek help in X way?

10. **Can you tell me about your experience of responding to men within the prison who are experiencing psychological difficulties/distress?**

    Prompts: When you have seen male prisoners in distress how have you responded/how do you feel you should respond? How have you seen other staff members in the prison respond to prisoners in distress? What are some of the things that affect how you respond to prisoners in distress?