

ED SCHREECHE-POWELL



**NAVIGATING
MENTAL HEALTH
IN THE MALE OPEN PRISON**

Pains, Power and Peer Support

Foreword by

PROFESSOR SHADD MARUNA

Navigating Mental Health in the Male Open Prison

Like the best criminological work, Schreeche-Powell's research raises much larger questions about mental health in prison, the purpose and value of punishment and the future of carceral power. It is thick with context, grounded in lived experience and unafraid to confront uncomfortable truths.

—*Professor Shadd Maruna, Chair of Sociology,
Social Policy and Criminology, University of Liverpool*

This is a compellingly rigorous study of how ostensibly progressive penal initiatives, such as peer-led induction, can solidify the 'pains of imprisonment' rather than improving prisoner well-being. Dr Schreeche-Powell's research identifies the institutional dynamics that generate and sustain manifestly deficient interventions, irrespective of their damaging consequences. This timely, deeply informed analysis of what can be done to remedy this situation should be required reading for penal policy makers.

—*Professor Eugene McLaughlin, City St George's, University of London*

Peer support schemes have become increasingly popular in prisons and have achieved some success. Ed Schreeche-Powell's insider research offers a more critical account of peer support in open prisons. When poorly implemented in the neo-liberal prison, such schemes can become superficial tickbox exercises, used to reduce staff costs and encourage prisoner self-regulation. Schreeche-Powell reveals that to thrive, peer support schemes need proper investment and must be situated in an empowering culture.

This book will be of interest to prison staff and policymakers as well as scholars with an interest in prisons and the transformative potential of lived experience.

—*Dr Jamie Bennett, Research associate at
University of Oxford and former prison governor*

Ed Schreeche-Powell speaks with a confident and convincing authority as he questions the value of peer-led induction processes in an open prison. Thoughtfully written and deeply grounded in the academic literature, the book shines a useful light on an under-studied phenomenon.

—*Emeritus Professor Nicola Padfield KC (Hon),
Emeritus Professor, University of Cambridge*

Navigating Mental Health in the Male Open Prison: Pains, Power and Peer Support

BY

ED SCHREECHE-POWELL

The University of Greenwich, UK



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INVESTOR IN PEOPLE

For Sarah; my best friend, soulmate and love, known affectionately as The Mrs, and Levi, Rhianna and Aliyah, who together make our beautiful family, alongside my mother Jaswant and sister Kathleen. As always, this work is dedicated to the memory of my late father Arthur, who never got to enjoy my academic achievements and successes.

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About the Author

Ed Schreche-Powell is a Senior Lecturer in Criminology and a programme leader in Criminology and Criminal Psychology at The University of Greenwich and an Associate Lecturer in Social and Forensic Psychology. Ed is interested in all aspects of research surrounding prisons and penal policy, with particular focus on prisoner mental health and well-being, safer custody and power-sharing initiatives in prison. Ed is also interested in the programme theory and impact evaluation of interventions in custodial settings as well as a broader interest in punitiveness within the Criminal Justice System in Western Europe. Ed is passionate in the enactment and study of lived experience to offer new criminological perspectives and is an active member of the British Convict Criminology Group. Ed also acts as an expert witness regarding prison conditions in England and Wales.

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Foreword

Every transition is a crisis. That's why we have rites of passage – to recognise and facilitate the passing of one status and the emergence of a new one. Even the smallest transition, like ending a phone call with a friend, requires a sometimes endless repetition of ritualistic goodbyes before one can finally feel safe in hanging up the receiver. Over a century ago, the folklorist and anthropologist Arnold van Gennep (1909) described the varied and elaborate rituals involved in the transition between subtle but profound life changes such as the one from childhood to adulthood, from singledom to marriage or from student to graduate. He argued that all of these transitions were not just facilitated, but indeed made possible, through what he termed 'rites of passage' involving a famous tripartite structure of separation, liminality and incorporation (see Turner, 1967).

The experience of punishment in the criminal justice system is replete with enormous transitions (hence crises) of this sort, including the well-known traumas of moving from society into custody (separation) and from custody back into society (incorporation). The pains of these transitions are well recognised and widely studied (see Maruna, 2011a), and indeed the prison may be the best known 'liminal space' in contemporary anthropological enquiry. Yet, far less research has examined the equally profound and surely traumatic transition from 'closed' prison conditions to an 'open' prison, which Schreeche-Powell has chosen for the research site of this incredibly important study. As major life transitions go, this transition into open prison conditions (which Schreeche-Powell calls a 'double liminality' somewhere between incarceration and freedom) is surely among the most daunting and difficult – far more so than ending a phone call. Yet (perhaps partially because the lack of previous research attention to this process) prison management and staff have heretofore invested relatively little attention to addressing this crisis through facilitating structured rites of passage.

In this sense, the development of the peer support scheme described in this book is anthropologically insightful in this regard and, in my opinion, is something to be commended. After all, the primary challenge of the transition is leaving the familiar for the unknown. How can a person be expected to navigate a change into the unknown, when, by definition, they have never experienced it, do not know what is coming or how to navigate it? The only solution to this is to identify those who have walked the path and to use them as a guide. Want to transition from being a plumber to being an academic? You need to find a PhD supervisor who has already been on the journey to act as a mentor for your training. Want to transition from being an academic to a plumber? You need to

identify a master craftsman with whom you can arrange an apprenticeship while you learn the ropes. So, as in every other field, the designation of more experienced peers to act as mentors for those transitioning to open prison conditions is on its face the right idea for the right challenge. It is also, nicely, in synch with the growing movement around the value of capitalising on ‘lived experience’ that has spread from the worlds of addiction recovery and mental health into the prisons world, ever so reluctantly, in the past decade.

Unfortunately, as Schreeche-Powell illustrates in rich anthropological detail here, the prison system in England and Wales is going through a different kind of crisis, as an entire service. Massively over-crowded, starved of resources and losing the most experienced and dedicated staff to better jobs, HM Prison Service has entered what appears to be a permanent state of crisis. Perhaps the lowest point in the system’s history, the system-wide lockdown during the COVID-19 crisis (see Maruna et al., 2022) still reverberates throughout the system today as manifested in record levels of violence, self-harm, suicidality and distress among those inside.

As is so often the case in such dire circumstances, the best of intentions (like those motivating the creation of the peer support scheme) have led not just to weak results but, Schreeche-Powell finds, have actually been counter-productive, making a difficult process even worse. That is, the cure appears worse than the disease. Peer support volunteers feel like their labour is being exploited ‘on the cheap’ with the shifting of the burden of responsibility from over-stretched and poorly paid (but still paid!) prison staff to their backs. Meanwhile, those making the transition are more abandoned than ever as a result of staff resistance and undermining of the scheme, entrenched managerialism and punitive penal cultures inside the institutions. By asking peer support volunteers to legitimise and even shoulder the blame for such regimes, Schreeche-Powell argues, the peer support scheme clearly serves institutional interests but may create more stress for those in custody. This ‘peer support paradox’ – where an intervention meant to mitigate the pains of imprisonment appears to have created additional pains – may represent yet another transition in the nature of penal power in a new era of low budget quick fixes. It also represents a stark cautionary tale for those of us, like Schreeche-Powell himself, who are instinctively in support of efforts like this to empower mutual aid among those in prison.

In short, this modest-appearing case study turns out to be about a great deal more than just an assessment of a peer support scheme. Like the best criminological work, Schreeche-Powell’s research raises much larger questions about mental health in prison, the purpose and value of punishment and the future of carceral power. Partially, this is due to the rich and thick fieldwork methodology. As argued in the book’s conclusion, real evidence-led policy thinking needs to transcend short-term evaluation research (as important as such work is) and include rich ethnographic and qualitative research like that featured in this study. Whereas evaluation research encourages quick-fix ‘intervention-itis’ like the momentum behind the peer support scheme, this in-depth analysis provides a much more thoughtful and nuanced guide for understanding why even good ideas seem to go so routinely wrong.

Mostly, however, this book's rich insights might themselves be understood as resulting from Schreeche-Powell's own lived experience of the criminal legal system, discussed insightfully and instructively in this book's outstanding methodological chapter ('Researching Lived Experience with Lived Experience'). The field of criminology is going through something of an identity crisis of its own at the moment with the rise and rise of the lived experience movement and the struggle for epistemic justice challenging the authority of traditional academic research to speak 'on behalf' of those in prison (see e.g., Darley et al., 2023; Earle et al., 2023). Like every transition, this one has already proven to be a bit of a bumpy ride with pushback and resistance from both sides and in-fighting even among the lived experience community. Fortunately, the field now has a number of wise mentors like Schreeche-Powell, who have both *academic* and *lived* expertise, and can therefore guide us through this transition to a future of knowledge equity in the field. Consider this outstanding book to be a small but crucial step on that journey.

Professor Shadd Maruna
Chair of Sociology, Social Policy and Criminology
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Special thanks to my friends who have stood by me and supported me over the years – particularly Kym and Kim.

I am truly blessed to do the things I love for the people I love, and in doing so, I hope that I make a difference to the lives of those imprisoned.

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Chapter 1

Introduction

Prisons, like prostitutes, have always been with us but, over time and place have changed radically in conditions, attributes and functions as well as in their name, character and rationale. (Potter, 2019)

The constant flux within prisons is intrinsic to the pain that prisoners experience while confined within the walls of our penal institutions. Make no mistake about it, pain is experienced by each and every individual imprisoned, regardless of the underpinning philosophy of punishment and purpose of imprisonment. The delivery of pain is synonymous with punishment and imprisonment and has been an enduring theme in the study of prisons.

Whilst most inmates, including long-term prisoners, adjust successfully to prison life, many do not cope well with the pains of imprisonment. Maladaptive responses such as emotional disorders, self-mutilation, suicide attempts, and prison misbehaviour are most common during the early phases of induction. (Adams, 1992, p. 27)

While many imprisoned are admitted initially from the court, others are later received through prison transfer, which itself is a minefield. The most common reasons for transfer are changes in security category and sentence progression. Prisoners may transfer so that they can, for example, take part in an offending behaviour course in another prison, a course that might help to reduce their risk level. Some prisoners, in the final weeks of their sentence, move to a prison closer to home to support their resettlement or 'local discharge'. Ideally, this gives someone the opportunity to make links for resettlement and coordinate their release with their family and external offender manager. Other reasons include prison staff concerns about prisoner safety or perceived vulnerability to other prisoners, as well as consideration of medical and disability needs, but many will have received status allowing them to move to a lower security category prison due to their progress and to further their progress through the system.

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Transfer from closed prison to open prison is a core element of this book. Transfers between establishments are a staple of prison life in England and Wales. Between July and September 2024, there were 23,818 incidences of prisoner transfer, with 20,398 prisoners having at least one incidence of transfer. Both figures represent increases of 8% since the same period of 2023 with 8%–10% of such transfers to Category D – open prisons (Ministry of Justice, 2025a). For prisoners, transfer is a tough and psychologically taxing prospect, underpinned by the lurking the *fear of the unknown* alongside the claustrophobia and physical anguish of the journey on the ‘sweat bus’ (the term ‘cattle class’ is never more apt than when discussing prison transport). Then, to arrive at a new establishment and be plunged further into a chasm of unknowing during the arrival and transition period is an apparent and very real concern. At a time where a tailored package of support, care and information should be provided, there are glaring deficiencies. How do I know this? Ethnographic pioneer Bronislaw Malinowski has said ‘in order to explain a cultural product it is necessary to know it. And to know it, in matters of thought and emotion, is to have experienced it’ (cited in Earle, 2016, p. 1). I have lived it, endured it and witnessed it on numerous occasions during my own experience of imprisonment, before researching it.

Such experiences culminate in immense distress and evidence the ‘corrosive and demanding nature of imprisonment’ (Liebling, 1999, p. 286). This exposes what Giddens (1984) describes as a state of ‘ontological insecurity’ that can swamp an individual’s psychological coping mechanisms. Around 1 in 4 adults are diagnosed with a mental health illness during their lifespan, and many more will be subject to changes in their mental health and well-being, with prisoners more likely to suffer from such problems than those in general population outside of prison. Vast amounts of the prisoner population have mental health problems, with the potential for their issues to be exacerbated by imprisonment (Adatia, 2010; Fazel & Danesh, 2002; Singleton et al., 1998; Stewart, 2008). Recently, there has been a renewed vigour in the public domain for addressing mental health with its widespread recognition as a public health issue worldwide raising its profile and agenda. Public attitudes have continued to align with a picture of greater tolerance, awareness and recognition of mental health issues with support for treatment rather than punishment of underlying problems (Esmée Fairbairn Foundation, 2004). The Joint Committee on Human Rights investigation (2004) into deaths in custody recommended prioritising the reduction of self-inflicted deaths and self-harm, alongside improving pre-reception, reception and induction areas which are identified as critical stressors of mental health issues.

The Safer Custody Group was established in 2001 to deliver a strategy across prisons in England and Wales with the following aims: to move from awareness to protection, to invest more resources where the risks are highest, to provide a better physical environment for prisoners (especially upon reception), to provide more training to frontline staff relating to mental health and suicide prevention, to develop better self-harm interventions, to increase peer listeners and to develop better inter-disciplinary relations. It also recognised that reducing the number of prisoners held as ‘imperative’ could improve mental health outcomes relating to

family ties, social exclusion, staffing and resource pressure, regarding instability and constraint (Sedenu, 2005).

One strategy employed by the Safer Custody Group, both to meet safer custody aims and to mitigate the pain associated with imprisonment, was to introduce the use of prisoner peer support workers to support prisoners through a variety of interventions across the prison estate. Peer-led induction is one such intervention that utilises peer support workers alongside staff as a power-sharing initiative to deliver support and information, advice and guidance, specifically to prisoners entering a penal establishment. Every prisoner arriving at a prison will encounter some form of induction and will be mandated to engage with it although some prisoners may refuse or be resistant. Peer-led induction is an intervention that is adaptable to different prison establishments with differing facilities and populations. Its roots, however, can be firmly positioned among the core tenets of the Induction Insiders Scheme which it adopts. The Insiders Scheme states aims to improve the quality of life for prisoners by promoting community responsibility, supportive relationships and a caring environment. It does so by empowering and training prisoners to collaborate in the reception and induction process so that they might establish supportive relationships, offer reassurance and disseminate relevant and accurate information about the prison and its regime (HMP Safer Custody Group, 2005). Peer support workers also provide additional support to first time and/or vulnerable prisoners, help with basic needs (letter writing, filling out forms and applications), identify gaps in literature that prisoners need, alert staff of any concerns about any new prisoner including about those at risk of self-harm, suicide or bullying, record initial contact and referrals and follow up with prisoners where required.

Blagden and Perrin (2014, p. 17) advance that ‘peer support schemes have existed in prisons for decades yet have only recently garnered attention (...) regarding how prisons can better support their inhabitants’. This is little narrow, however, as it neglects a host of other reasons for their rationale, such as institutional benefits in the face of an increasingly austere prison system characterised by low staffing levels, managerialism, poor resourcing as well as high rates of suicide and self-harm. However, as Maruna (2011a) cautions, ‘[i]t’s not an unfamiliar habit to dress up failed old policy as a seemingly new exciting paradigm shift by simply changing a few buzz words’ (p. 7).

With the implementation of peer support interventions across the prison estate gathering momentum, there remains about them a conspicuous absence of evaluative study and literature and as to whether they are delivering their intended outcomes (Perrin, 2024; Schreeche-Powell, 2020). The assertion by Maruna (2011a, p. 8) that ‘practices seem to be operating in a vacuum, with no clear explanation for the process is supposed to work’ can be extended to prison interventions, and this is especially true to those surrounding peer-led induction. This is in part because research to date on reception into custody and adaptation largely focuses on the early days of custody following reception into prison from the court after sentence. As such, it has neglected the experience of inter-prison transfer from closed prisons and reception and adaptation to a new establishment. The latter shares many experiential factors with the former and also

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introduces the prisoner to a range of differing dynamics that interact with the process of, and contribute to, the ‘tightness’ of their penal experience. Whereas in closed establishments prisoners are subject to a more structured regime that is built on routine, prescriptiveness and dependence on prison staff (Statham et al., 2021; Sykes, 1958), it is much the opposite in the open estate. This transition is fraught with difficulties and challenges, which requires psychological adaptation to navigate and survive.

To fit into the prison world in which they live in, prisoners must learn both the formal and informal governing guidelines (Weinrath, 2016). While they improve their capacity for living in constrained environments, they deteriorate in terms of their ability to live independently in the community (Berger & Luckman, 1967; Clemmer, 1940; Honeywell, 2015). Some scholars have suggested that prisoners serving long-term sentences fail to make judgements for themselves, since these adaptations become increasingly deep-rooted the longer the sentence (Cohen & Taylor, 1981). The England and Wales prison system’s Category D open establishments have the lowest level of security and are designed to reduce some of the negative effects of incarceration by giving inmates more freedom and autonomy (Crewe, 2011a; Shammas, 2014, 2017). However, as HM Inspectorate of Prisons (2021) caution:

...prisoners in open prisons have consistently told [...] how nervous they are about the future. They have become so used to the predictable routines of prison life that they have lost everyday skills, such as negotiating transport or using a smartphone. They are often uncertain where they will live, how relationships will have changed with their children and families, and what they will do for work.

Given these concerns, the use of peer-led induction serves a crucial function in the open prison to support adaptation and transition at this time of great stress and anxiety. Yet, prisons have long been sites of power, discipline and control, where governance mechanisms evolve in response to shifting penal philosophies and institutional demands. While traditional forms of coercion – physical confinement, deprivation and overt disciplinary measures – have been central to imprisonment, contemporary penal regimes increasingly rely on managerialism and responsabilisation as mechanisms of governance. Managerialism, with its emphasis on efficiency, cost-effectiveness and performance metrics, has restructured prison operations, prioritising bureaucratic compliance over meaningful rehabilitation. At the same time, responsabilisation has emerged as a strategy that transfers the burden of rehabilitation and self-governance onto prisoners themselves, often masking institutional disengagement under the guise of autonomy and empowerment. This book critically engages with these interwoven themes, demonstrating how penal power is no longer exercised solely through coercion but through the strategic delegation of responsibility, the outsourcing of adaptation processes to prisoners and the pervasive influence of managerial priorities on intervention design and delivery.

The Study

The study upon which this book is based (Schreeche-Powell, 2023) has harnessed the authors lived experience, recognising that transfer, transition and adaptation to open prison as a time of great uncertainty, insecurity and anxiety. It questions the impact that the frontline intervention of peer-led induction has on a prisoner's experience of imprisonment. In doing so, it draws upon qualitative interviews with ex-prisoners who have experienced peer-led induction in the open prison estate and prison officers involved in the delivery of peer-led induction. This study explored the impact of these early days of transition and adaptation in open prison, following the critical process of transfer, on the mental health and well-being of prisoners and the extent to which peer-led induction alleviates this, or not. In doing so, it:

- identified the challenges and difficulties experienced by males who are imprisoned at the 'critical time' of the transfer process, the early days of custody in open prisons post-transfer and their impact on their mental health and well-being;
- explored the experience of current peer-led induction initiatives on the mental health and well-being of males who are imprisoned in open prisons;
- developed a theoretical informed analysis of the 'peer-led induction model' as a power-sharing initiative between staff and males who are imprisoned;
- explored the nature and motivations of the peer-led induction as a power-sharing initiative and its impact upon the legitimacy of the custodial regime and setting from the perspective of people who are imprisoned.

The central questions that the study answered to achieve these aims and objectives are:

- What is the impact of peer-led induction upon the mental health and well-being of people who are imprisoned in open prisons in the early transitional days of custody following transfer?
- How does the re-configuration of penal power through power-sharing initiatives manifest in the experience of transfer and imprisonment of people who are imprisoned?
- In what ways and to what extent do power-sharing initiatives impact the 'tightness' of imprisonment?

It therefore allows the book to consider peer-led induction through the theoretical lens of power and pain and as such, how peer-led induction as a power-sharing initiative interacts with 'tightness' in the experience of imprisonment at these crucial times.

Why Study Men?

Approximately, 50% of men arriving in custody being at risk of anxiety and depression and 15% of males reporting symptoms of psychosis while in custody.

It is further reported that nearly one in five of those diagnosed with a mental health issue or concern received no care or support from a mental health professional while in prison (Prison Reform Trust, 2019a). Furthermore, 16% of men imprisoned in England and Wales had received community mental health treatment in the year prior to custody (Durcan, 2008; Fazel & Danesh, 2002; Fraser, 2009; Jewkes, 2007; National Audit Office, 2017; Peay, 2017; Singleton et al., 1998). Self-harm is an issue of central interest, especially as it is often the manifestation of mental health issues that prisoners experience, and its measure contributes to literature surrounding the extent of mental health issues in prisons. The existing evidence based on self-harm is complex and often subsumed by studies focusing on suicide. It also tends not to clearly separate men and women.

This foundation provides one primary motivation underpinning the use of a solely male prisoner sample in this study. As such, there is still much to learn about the motivations for self-harm in prisons, the risk factors for future self-harm and suicide and how these might differ for men and women, given what has been described as an ‘explosion of male self-injury in groups who might be considered socially disadvantaged. . .adults in prisons’ (Adler & Adler, 2011, p. 20). This is particularly true for self-harm by adult men.

What we do know, however, from the paucity of evidence is that there are indications of a range of intrapersonal and interpersonal reasons underpinning such behaviours. Gardner et al. (2016) in their study into the reasons for non-suicidal self-harm in adult male offenders saw 82.9% of the sample endorse a reason that was intrapersonal in nature, and 72.5% endorse interpersonal. Intrapersonal reasons frequently identified were releasing emotional pressure, reducing anxiety, frustration and anger, punishing themselves, reacting to feeling unhappy. Notably, the seriousness of self-harm is more pronounced in males than females while the rate of self-inflicted deaths in males is more elevated than in females (MOJ, 2025a). This resonates with an earlier study by Hawton et al. (2014), who found in their analysis of self-harm in the England and Wales prison estate that 10% of instances in males were of medium or high lethality compared with 3% in females, illustrating the gendered ways of self-injuring (Adler & Adler, 2011), with women also displaying a tendency to make smaller cuts and men more inclined to make more substantial, deeper cuts and burns.

It can be argued that characteristics of the masculine identity of the male prison population are a central issue which has served to underpin this lack of knowledge, as well as providing some explanation for the mental health, self-harm and suicide issues across the prison estate among the male prison population. Kupers (2005) highlights an intensification of gender dynamic in prison settings. There is an expression of a toxic masculinity, which is socially destructive. These toxic hegemonic characteristics tend to proliferate wildly in prison settings (Kupers, 2005) and are often the measurement yardstick against which male prisoners, and men in totality, are measured, either by others or themselves. According to Kupers (2005), in prison settings the rules of this masculinity comprise a real man or stand-up con who: (i) does not display weakness, (ii) does not display emotions other than anger, (iii) does not depend on anyone, (iv) is

never vulnerable, (v) does not snitch, (vi) does not cooperate with the authorities and (vii) suffers pain in silence.

This 'mask' of traditional masculinity that imprisoned men put on in prison often hides an emotional struggle. These characteristics in their totality are an unreasonable endeavour for any man, yet that does not prevent males 'trying, valiantly and vainly to measure up' (Kimmel, 1994, p. 272). The failure to do so through an inability to embody these rules is affirmation of the rules' power. Achieving the rules is often ascribed as the reasoning for a man's confusion and pain. The fear of failing is arguably illustrated by a lack of male willingness to talk and to identify mental health and well-being deficiencies they are experiencing. Quite simply, masculine characteristics restrict men from having emotional responses or, at the very least, articulating them in the public domain. It is widely situated that males, especially male prisoners, are predisposed to difficulties communicating their thoughts, feelings and emotions. Male prisoners who are actively aligned with masculine gender role orientations are significantly less likely to express any interest in seeking psychological help than other individuals with, for example, a female gender orientation or restrictive emotional characteristics of males (Good et al., 1989; Nam et al., 2010). These men experience difficulties in adulthood in experiencing, accurately expressing and responding effectively to their own emotions (Addis, 2011; Green & Addis, 2012; Green & Jakupcak, 2016). The toxic masculinity that pervades penal institutions makes seeking help even more difficult. Prisoners' 'survival behaviours' while navigating the brutal mechanisms of custody and the 'lags code' mean that they play their cards close to their chest, refusing to reveal their vulnerabilities. As such, they do not seek help and the problems magnify. Fear of stigmatisation is a prevalent and dominating consideration for the male prisoner.

In this vein, Whitlock et al. (2011) found that healthcare professionals are less likely to assess males for non-suicidal self-harm because of their perception and identification of men as being associated with or being the embodiment of hegemonic masculinity. There is an expectation from professionals that men will externalise their emotions rather than internalise them, as associated with female emotion or because of the generational, structural or societal normalisation of gender differences in the specific types of self-harming behaviours (for example, 'boys will be boys'). This often means that at a structural and organisational level within the prison institution and within healthcare provision, both prison and clinical personnel responses are 'missing' mental health, self-harm and suicidality issues in males.

Stearns (1979, p. 1) observes that the complexity surrounding masculinity means that 'the only common currency is a sense that masculinity is sorely troubled in modern society, both in concept and practice'. What is apparent from current literature surrounding the masculine identity of male prisoners is that the traditional conceptualisations of hegemonic masculinity and contemporary conceptualisations of the masculine identity transcend across one another, and while some aspects of these identities are salient, others are more prominently dependent on social context. All add to the ongoing debates and intrigue into the male

prisoner, illuminating the gaps in, and need for more empirical literature, especially concerning mental health.

Why Study Transfer and Transition to Open Prison?

There are currently 107 male prisons in the England and Wales across the differing security categories (Table 1), with 23, 571 prison officers (Bands 3–5) and 5,592 full-time equivalent Band 2 operational support staff in post employed (HMPPS, 2025). Only a small proportion of these are local, as in they receive individuals directly from the court following charges for an offence. Yet there is a disproportionate focus on the early days in custody of those entering these prisons and a lack of focus on the many other prisons receiving prisoners through inter-prison transfer, given that these prison transfers are a frequent event. Between July and September 2024, there were 23,818 incidences of prisoner transfer, with 20,398 prisoners having at least one incidence of transfer (MOJ, 2025a). By granting offenders more freedom and autonomy, the Category D open prison facilities of the England and Wales prison system, which have the lowest level of security, are intended to lessen some of the negative impacts of incarceration. Many

Table 1. Prison Security Classifications.

Prison Type	Category	Prison Description
Closed prison	A (High Security)	Those whose escape would be highly dangerous to the public or national security. Offences that may result in consideration for Category A or Restricted Status include: (Attempted) murder, rape, indecent assault, robbery or conspiracy to rob (with firearms), firearms offences, importing or supplying Class A controlled drugs, possessing or supplying explosives, offences connected with terrorism.
	B	Those who pose a risk to the public but may not require maximum security, but for whom escape still needs to be made very difficult.
	C	Those who cannot be trusted in open conditions but who are unlikely to try to escape.
Open prison	D	Those who can be reasonably trusted not to try to escape, and are given the privilege of an open prison. Prisoners at ‘D Cat’. (as it is commonly known) prisons, are, subject to approval, given release on temporary licence (ROTL) to work in the community or to go on ‘home leave’.

Source: MOJ (n.d.).