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**The Relationship Between Mentorship and Self-Efficacy Post-
Incarceration**

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Abstract

Introduction

Studies show that high-self efficacy is predictive of criminal desistance. The evidence supporting the use of mentorship programs to promote self-efficacy post-incarceration is promising, but inconsistent. Evidence suggests that mentorship schemes are most successful when the mentor is perceived as valuable, and that the 72 hours immediately following incarceration represent a particularly vulnerable time for ex-offenders.

Aims and Research Questions

The purpose of the present study was to examine the ways in which mentorship relates to self-efficacy. Various elements of mentor relationships were explored, such as the significance of lived experience, the starting point and consistency of mentor relationships, and how valuable ex-offenders perceive their mentors to be. The association between self-efficacy and being a mentor to others was also assessed, as were mood states during the initial 72-hours post-incarceration and in general.

Method

A battery of self-report measures was completed by Scottish ex-offenders. Participants were recruited online via mentorship program networks and in person at lived experience events ($N=95$).

Results

Depression was added to the analysis as a second dependant variable. A one-way ANOVA and subsequent Mann-Whitney U tests revealed that mentors exhibit higher levels of self-efficacy and lower levels of depressive symptoms than non-mentors, and that subjects who have mentors are less depressed than subjects who do not. No associations were found between having a mentor and self-efficacy, however, a multiple regression model indicated that mentor value was relatively predictive of self-efficacy. A Wilcoxon signed-rank test revealed that mentors were perceived as more valuable than supervisors, and a one-way ANOVA and subsequent Mann-Whitney U test revealed that subjects with mentors were less depressed than subjects with supervisors. A Wilcoxon signed-rank test revealed that the initial 72 hours post-incarceration were perceived as significantly more difficult than day-to-day life.

Conclusion

The amount of depressive symptoms present in Scottish ex-offenders is disproportionately high. The initial 72 hours post-incarceration are especially difficult for offenders, and so rehabilitation initiatives could potentially improve outcomes by targeting ex-offenders during this time frame. Being a mentor to others is associated with higher self-efficacy and lower depression levels, but further evidence is necessary to establish why this is so.

Introduction

It was previously accepted that the termination of criminal careers was no more than a result of maturation (Healy, 2010). However, the recent surge of theoretical consideration granted to the psychological dimensions of re-offending has demonstrated that this is not the case (Giordano, Cernkovich, & Rudolph, 2002; Maruna, 2001; Paternoster & Bushway, 2009). The ‘phasing out’ of criminal behaviour is not a bi-product of natural human progression, but rather, is a variable that depends heavily on the perceived self-efficacy of the offender in question (Orrick, Kovandzic, Morris, Piquero, & Vieraitis, 2012).

In general, perceived self-efficacy is defined as the strength of an individual’s assurance that he or she is capable of achieving certain goals and reaching desired outcomes (Bandura, 1977). While this conceptual framework should be kept in mind, it must be further understood that the term ‘self-efficacy’ in the context of this report refers specifically to ‘the belief in one’s ability to comply with parole agreements and remain crime free’ (Forste, Clarke, & Bahr, 2011, p. 431). As it will be used extensively, the term ‘desistance’ refers to an extended period of time in which a previous offender refrains from further criminal behaviour (Armstrong & McNeill, 2012). ‘Persistence’ refers to continuous criminal activity, and ‘lived experience’ refers to individuals who have been incarcerated.

The self-efficacious approach to understanding desistance states that while psychosocial risk factors are certainly influential, they do not directly cause criminal behaviour. Rather, the means by which such factors are perceived and managed are the primary aetiology for either desistance or persistence (Orrick et al., 2012). The structural and social risk factors that contribute to the initial onset of criminal careers are largely consistent. For instance, impulsivity, socio-economic depravity, familial relationships with other offenders, and a number of other predisposing and perpetuating factors re-occur as being predictive of unlawful activity in adolescent and adult populations (Farrington et al., 2006; Maruna, 2001). Thus, the divergence in behaviour between desisters and persisters cannot be attributed to variance in environments, social relationships, or behavioural tendencies, as these are analogous in both groups. Therefore, criminal behaviour must be viewed as a variable that fluctuates depending on each individual’s *interpretation* of stimuli. The manifestation

of criminal behaviour is dependent upon the offender's internal *perceptions* of their circumstances, the degree to which they *believe* they *can* overcome obstacles, and the level of control that they *feel* they have over their situations (Orrick et al., 2012).

In order to modify the circumstances, behaviours, and social networks that contribute to low self-efficacy, and subsequently, the onset of criminal behaviour, offenders must feel that they are capable of change, and that positive outcomes are obtainable (Maruna, 2001). According to Orrick et al. (2012), 'if individuals do not perceive that they have the ability to produce desired outcomes, they will not put forth the effort necessary to make things happen' (p. 2). Thus, self-efficacy has been described as a vital factor in sustaining desistance (LeBel, Burnett, Maruna, & Bushway, 2008).

'Perceived self-efficacy facilitates goal setting, effort investment, persistence in the face of barriers and recovery from setbacks- All deeply essential factors in overcoming the diverse obstacles faced by inmates when released from prison' (Friestad & Hansen, 2005, p. 186). Thus, in order to circumvent recidivism, one must not only intend to lead a crime free life, but must also believe in one's ability to do so.

Forste et al., (2011) found that self-efficacy levels in Scottish male prisoners between 18 and 21 were moderate to high. However, the days immediately following release from prison are a particularly vulnerable time for offenders, as many have lost their homes, jobs, and contact with their families (Mabon, 2015). This is especially problematic in Scotland, where offenders are unable to apply for basic welfare provisions until they are discharged from prison; meaning that weeks can pass before newly released offenders are afforded benefits and support (Malloch, Mcivor, Schinkel, & Armstrong, 2013). These limits can severely deplete an individual's sense of self-efficacy, as it is difficult to feel any sense of control over one's life when basic needs such as housing, income, and food are no guarantee. Hence, one cannot assume that the self-efficacy levels apparent in prison populations are sustained once said prisoners are discharged.

The Significance of '72 hours'

The Scottish Charitable Incorporated Organization (SCIO) called Aid & Abet offers what is perhaps the greatest insight available as to what becomes of self-efficacy post-release. This SCIO provides through-care to prisoners that begins three months prior to their release date, and terminates after the initial 72 hours following discharge; a period characterized by vulnerability and increased likelihood of recidivism (Aid & Abet SCIO, 2016). Though it seems unfavourable to most, interment can provide stability and predictability in otherwise erratic lives (Friestad & Hansen, 2005). Post-release, offenders may experience immense pressure to improve their lives and relationships, but feel unequipped to do so. Those who suffer with addiction find themselves once again able to access the damaging substances denied to them in prison, and offenders are thrust back into the social circles that contributed to their criminal behaviours. Thus, Aid & Abet operates based on the ethos that the initial 72 hours post-release play a significant role in self-efficacy, and moreover, recidivism.

Aid & Abet strives to assist ex-offenders in navigating this period by providing gate pick up, money, housing, and emotional and addiction support to new members during their initial 72 hours of freedom (Aid & Abet SCIO, 2016). Though this emphasis on 72-hour through-care has not received any scholarly attention thus far, Aid & Abet is organized and run exclusively by ex-offenders, meaning that this approach is founded not in literature, but in lived experience. This factor is worth noting, as the success of through-care initiatives depends not only on *when* support is provided, but on *whom* support is provided by (Healy, 2010). However, Maruna (2001) states that a fundamental aspect of successful through-care is the development of a stable, trusting relationship between ex-offenders and moderators; an element that is presumably missing in an intervention that terminates only three days post-release.

Mentorship

For the sake of clarity, any reference to a ‘mentor’ throughout this report specifically designates a person with lived experience of the Criminal Justice System who is working with an offender or group of offenders, while ‘supervisor’ refers to a person such as a parole officer, support worker, or other person *without* lived experience of the Criminal Justice System. Some evidence suggests that mutual lived experience is an essential aspect of the mentor-mentee relationship, as offenders are more willing to open up to someone who can relate to them and understand the difficulties they face on a personal level (Maruna, 2001). Moreover, Maruna (2001) found that ex-offenders who work as mentors demonstrated a more thorough understanding of their criminal behaviour, heightened motivation to desist, and a sense of pride in their positive social roles. Thus, the symbiotic relationship that exists between a mentor and an ex-offender should correlate with higher self-efficacy levels in both parties.

The primary predictor of outcomes in mentorship schemes is the perceived quality of the relationship itself (Healy, 2010). Desistance is most likely to occur if the offender feels that they have a positive, stable relationship with a mentor whom they believe to be a trusted peer, and whom they engage with willingly (Farrall, 1995; Sampson & Laub, 1993). This is likely due to the fact that self-efficacy in offenders is facilitated by positive reinforcement, encouragement, and praise (Maruna, 2001; Trotter, 2013); all of which can be facilitated by a strong bond with a mentor. That being said, there is relatively little evidence in support of mentorship in the UK, and the studies that do exist are limited in that they possess neither a suitable design nor an appropriate control group (Sapouna, Bisset, Conlong, & Matthews, 2015). Moreover, some of the more robust evidence regarding this subject suggests that mentorship has no effect on recidivism whatsoever (Jolliffe & Farrington, 2007).

Aims

The present study derives its significance from the body of scholarship that establishes self-efficacy as a factor that highly correlates with desistance. The

following analysis aims to build upon the empirical evidence surrounding this concept by determining whether difficulties in the 72 hours following incarceration, and the consistency and perceived quality of mentor relationships are relatively predictive of the sociological concept of personal agency. The perceived value of mentor relationships will be compared to that of supervisor relationships in order to assess the degree to which ex-offenders feel they benefit from these affiliations. The 72 hours following incarceration have been highlighted as a period where support may be most needed (Aid & Abet SCIO, 2016), though some evidence suggests that a consistent, long-term relationship with the same mentor is more closely associated with self-efficacy (Wood, 2015).

Determining the relative associations between these variables and self-efficacy is relevant in informing offender management schemes in that self-efficacy is predictive of desistance (Orrick et al., 2012). These factors will be analysed using anonymous data collected from ex-offenders in Scotland. Any relationships between the aforementioned variables should not be misinterpreted as causal.

Research Questions

1. Do ex-offenders who received mentorship from people with lived experience of the Criminal Justice System exhibit higher self-efficacy levels post-incarceration than ex-offenders who do not?
2. Do ex-offenders who received mentorship from people with lived experience exhibit higher self-efficacy levels post-incarceration than ex-offenders who receive supervision from people who lack lived experience?
3. Do ex-offenders who work as mentors exhibit higher levels of self-efficacy levels than ex-offenders who do not?
4. Do ex-offenders who have one mentor consistently exhibit higher levels of self-efficacy than ex-offenders who have had two or more mentors over time?
5. Do ex-offenders who perceive their mentors as valuable exhibit higher self-efficacy levels than those who do not?
6. Do ex-offenders perceive their mentor relationships as being more valuable than their supervisor relationships?

7. Do ex-offenders experience more difficulty during the 72-hour time-period following incarceration then they do in their day-to-day lives?

8. Is there evidence that supports a particular need for mentorship during the 72-hour time-period following incarceration?

Methods

Procedure

Ethical approval for the present study was granted by the University of Edinburgh's School of Health in Social Science ethics committee. Data was then collected via paper and digital surveys constructed via Bristol Online Survey. The questions were designed to: 1) retrospectively assess participant moods in the three-day period following their most recent discharge from prison and in general; 2) establish the consistency and perceived value of mentor and supervisor relationships; 3) determine participant self-efficacy levels, and; 4) assess any underlying depressive symptoms.

This study utilizes quantitative measures, which are inherently limited in scope. However, the researcher consulted ex-offenders, mentors, supervisors, and policymakers across Scotland during the preliminary construction of the survey. Thus, while this study is not generalizable to larger populations, nor is it representative of the values of all Scottish ex-offenders, the present study is very much geared towards current issues being faced by the relevant population.

Prior to participation, subjects were asked to read an information page that delineated the purpose of the research, described the data being collected, and detailed the procedure that the study would follow. Succeeding this was a consent form that asked participants to confirm that they had read and understood the information provided, and that they agreed to take part in the research. Those taking the survey online had to tick a box before proceeding, and participants who filled out a paper copy of the survey had to provide a signature indicating their consent. As the study was anonymous, all signed consent forms were separated from the attached surveys and locked in a secure location on the University of Edinburgh campus. Participants

then completed a battery of self-report measures which took approximately 10 minutes in total.

Information for this non-randomized study was disseminated via offender management bodies in Scotland, including *Community Justice Scotland* and the *Violence Reduction Unit Glasgow*. Information was also passed on to members of various SCIOs, mentorship programs, and offender rehabilitation schemes, which will remain unnamed in order to protect participant privacy. The online survey was circulated to these groups via e-mail, and paper copies were distributed in person by the researcher at various lived experience events in Scotland.

Participants

The focus of the present research is on individuals who have been to prison, and so deliberate recruitment was used to access ex-offenders. All participants were required to be ex-offenders living in Scotland, and while this increased the internal validity of the study, it also decreased the generalizability of findings. Further inclusion criteria was as follows: all participants were required to be 1) over the age of 16; 2) fluent in the English language; and 3) literate.

Based on a power calculation for a two-tailed t-test analysis (estimated standard deviation of 4.0, medium effect size 0.50, significance criterion of .05, required power 0.80) a minimum sample of 34 was required to measure self-efficacy, depression and mood states between groups. In order to assess perceived value of mentor relationships (multiple regression analyses of 12 predictor variables, medium effect size of .15 significance criterion of .05, required power 0.80), a minimum of 127 participants were required. In order to account for missing data and multiple analyses, the researcher sought permission to recruit up to 200 participants.

Measures

A multi-dimensional survey was created using two existing questionnaires, and a series of questions and rating scales constructed by the researcher. The primary outcome measures were self-efficacy and underlying depressive symptoms (as a

covariate for self-efficacy). The independent variables were: whether or not 1) the subjects have ever had a mentor, 2) the mentor has been consistent, 3) the subjects have ever had a supervisor, and 4) the subjects work as mentors.

Additionally, mood states during the initial 72 hours following incarceration, general mood states, and the perceived value of supervisor and mentor relationships were assessed. Participants were also asked to include their gender, age, and how long it had been since their most recent release from prison.

Mentor Relationships

The interpersonal variables that occur in mentor relationships with offenders were analysed in order to provide insight to the association between these relationships and the psychosocial processes that predict desistance. Participants were asked whether or not they have ever had a mentor, and if so, were asked to evaluate various aspect of mentor value on a four-point scale (see ‘Appendix 2’). The researcher considered the relative merits of using an empirically validated scale, but could not find one that measured the value of relationships in terms of self-efficacy. Questions were geared toward factors that correlate with self-efficacy, such as increasing goal oriented-ness and focusing on progress and accomplishments (Maruna, 2001). Participants then filled out an identical scale that applied to supervisors, and these were compared in order to establish the perceived value of these relationships.

72 hours

Participants were also asked to retrospectively reflect on the initial 72 hours post-incarceration. There are currently no empirically validated scales that measure mood in this context, and so the researcher developed a scale to measure emotional states during the initial 72 hours and in general (see ‘Appendix 2’). The researcher was interested in whether the moods of participants during the initial 72 hours post-release were reflective of difficulties not seen in participant’s general mood states. The prevalence of both positive and negative emotions in the 72 hours following

incarceration and in general was evaluated. Participants were also asked whether they recall the first three days post-incarceration as being a particularly difficult time in their lives. A four-point likert scale was used to evaluate these variables. Participants were asked to rate their general moods states in order to circumvent focus on a particular period (for instance, the past two weeks) that may have been uncharacteristically difficult or positive.

Subjects were asked to note the starting point and consistency of their mentor relationships in order to assess the interaction between presence of a mentor and difficulty during the initial 72-hour time frame, and determine whether consistency with one mentor is more strongly predictive of self-efficacy. They were also asked to include how long it had been since their most recent release from prison.

Self-efficacy

The General Self-Efficacy Scale (GSE) was used to measure self-efficacy. This scale was designed to assess a person's general sense of perceived self-efficacy and predict the ways in which subjects cope with common hassles. It is particularly useful in predicting recovery and adaptation after stressful life events (Schwarzer, 1992), such as incarceration. The scale evaluates the fundamental elements of perceived self-efficacy, such as goal-setting, persistence when facing obstacles, effort investment, and resilience, and is appropriate for adults and adolescents (Schwarzer, 1992). It consists of 10 questions that are answered on a 4-point likert scale where subjects are asked to assess their current beliefs about themselves. Scores can range from 10 (extremely low perceived self-efficacy) to 40 (extremely high perceived self-efficacy) and questions require no recoding. Coverage includes use among those within rehabilitation programs, people with chronic pain, and the general population (Schwarzer & Scholz, 2000). Reliability has been established across two decades and 23 nations, where Cronbach's alphas ranged from .76 to .90, the majority being in the high .80s (Schwarzer & Scholz, 2000). In terms of criterion-related validity, numerous correlational studies demonstrate that positive correlations were found with happiness, optimism, and work satisfaction and negative

correlations were found with health complaints, stress, anxiety, and most prevalently, depression (Luszczynska, Scholz, & Schwarzer, 2005).

Underlying Depressive Symptoms

The Patient Health Questionnaire-9 (PQH-9) is the depression module of the PHQ; a self-administered diagnostic instrument for mental health disorders (Kroenke, Spitzer, & Williams, 2001a). It was included in the present study because depression is covariant with low self-efficacy (Luszczynska et al., 2001) and the researcher wanted to ensure that low self-efficacy scores were not merely a reflection of underlying depressive symptoms.

The PQH-9 consists of questions that pertain to each of the 9 DSM-IV criteria for depression (Cameron, Crawford, Lawton, & Reid, 2008). Subjects are asked to evaluate how often they have been bothered by each of the criteria over the past two weeks. Answers range from 0 (not at all) to 3 (nearly every day). Criterion related validity was assessed against an independent structured mental health professional (MHP) interview sample of 580 patients. The internal reliability of the PHQ-9 was excellent, with a Chronbach's alpha range of 0.86 to 0.89 (Kroenke et al., 2001a).

Statistical Analysis

SPSS version 22 was used to conduct qualitative data analyses. Preliminary analyses were conducted in order to check for outliers, assess distributions, and account for missing data. Many of the subscales were not normally distributed, and so non-parametric alternatives were used in place of less robust parametric tests. A correlation analysis was used to assess the covariance of self-efficacy and depression. The prevalence of underlying depressive symptoms in the present population was extremely high, and so depression was treated as a second dependent variable to allow for a more thorough analysis. Descriptive statistics were used to calculate demographic information such as age and gender, as well as background information regarding incarceration, mentorship, and supervision. Internal consistency was calculated using Cronbach's alpha, and preliminary correlational analyses were

conducted in order to investigate whether age and time since release from prison relate to self-efficacy and depression. A Mann-Whitney U test was used to analyse gender differences with regard to the dependent variables.

A one-way ANOVA was used to answer research questions 1, 2, 3, and 4. However, the final sample size was under power, and so a Mann-Whitney U test was used to re-assess any insignificant outcomes. A factorial ANOVA was used to assess variance in subjects that belong to multiple groups. A Spearman's rho and hierarchical linear regression model were used to analyse the associations between perceived value of mentor relationship, self-efficacy, and depression. Perceived value of mentor and supervisor relationships was compared, as were mood states during the initial 72 hours following incarceration and in general. The significance of variances in both analyses was assessed via related-samples Wilcoxon signed-rank tests. One-way ANOVA and Mann-Whitney U testes were conducted in order to assess the relationship between mentorship, mood states, self-efficacy, and depression.

Results

Participants

The final analysis consisted of 95 responses, which were collected from ex-offenders in Scotland during August 2017. The vast majority of the participants were men (86.3%), and the mean age range was 36-40 years old (25.3%). The majority of participants had been out of prison for more than 5 years (67.4%), 40% had experienced a mentor relationship, and 62.1% had experienced a supervisor relationship. Descriptive statistics are outlined in outlined in Table 1.

Table 1: *Background Information*

Variable	Range	<i>N</i>	Frequency (%)
Age			
	17-20	1	1.1
	21-25	4	4.2
	26-30	4	4.2
	31-35	21	22.1
	36-40	24	25.3
	41-50	22	23.3
	51-60	14	14.7
Gender			
	Male	82	86.3
	Female	11	11.6
	Other	1	1.1
	Rather not say	1	1.1
Time since release from prison			
	1 to 4 weeks	3	3.2
	1 to 3 months	2	2.1
	3 to 6 months	2	2.1
	6 months to 1 year	3	3.2
	1 to 2 years	3	3.2
	2 to 5 years	15	15.8
	More than 5 years	64	67.4
Mentor Relationships			
	Currently have a mentor	25	26.3
	Never had a mentor	50	50.2
	Previously had a mentor	13	13.7
Supervisor Relationships			
	Currently have a supervisor	19	20
	Never had a supervisor	25	26.3
	Previously had a supervisor	40	42.1

Data Preparation

The data was scrutinized for accuracy, and preliminary analyses were used to check for outliers and missing data. The percentage of data missing from any single item was minimal, and so mean imputation was used to account for any items missing from ordinal measures. However, even a small amount of missing data will increase the risk of error.

Shapiro-Wilks tests, histograms, and Q-Q plots were used to assess the normality of the distributions for each item, and the researcher found that all of the subscales were non-normal. The outcomes of the Shapiro-Wilks test are outlined in Table 2.

Table 2: *Normality*

Subscale	<i>w</i>	<i>p</i>	Skew (<i>z</i> =)	Kurtosis (<i>z</i> =)
General self-efficacy scale	.868	.002	-.893	2.02
PHQ-9	.685	.000	1.59	3.38
Mood during 72 hours post-incarceration	.916	.022	.948	1.02
General mood	.879	.003	-.782	.484
Perceived value of mentor relationship	.811	.000	-1.11	1.29
Perceived value of supervisor relationship	.930	.049	.267	-.208

The researcher considered the relative merits of transforming the data but ultimately decided that the non-normative variance was still informative about the nature of the relationships and time-periods that they described, and could lead to a more thorough understanding of these components. Thus, non-parametric tests were used to interpret results, with the exception of ANOVA and multiple regression analysis, which are robust enough to be used on non-transformed data.

Internal Reliability

Cronbach's alpha coefficients were used to assess the internal reliability of each subscale. According to Field (2013), the alpha values for each subscale reflect acceptable to extremely high levels of internal consistency, as is demonstrated in Table 3.

Table 3: *Subscale Reliability*

Subscale	Cronbach's alpha
Mood during 72-hours post incarceration	.787
General mood	.853
Perceived value of mentor relationship	.979
Perceived value of supervisor relationship	.990
General Self-Efficacy Scale	.887
PHQ-9	.899

Covariates

A Spearman's rho was used to assess the linear component assumed between self-efficacy and depression. However, the strong correlation between self-efficacy and depression demonstrated in previous studies (see measures) was not represented in this sample, in which self-efficacy and depression demonstrated a medium effect negative correlation ($r_s = -.385$) that was significant only at the 0.01 level ($p = .000$).

This unexpected result may be due to the disproportionately high prevalence of depressive symptoms in the cohort. According to a 2015 report, 20% of adults in Scotland between 2014 and 2015 reported one or more symptoms of depression ("The Scottish Health Survey: 2015", 2015). The percentage of subjects in the present study who reported at least one depressive symptom was 64.2%. Prevalence and severity of depressive symptoms based on the PHQ-9 scoring criteria is demonstrated in Table 4 (Kroenke, Spitzer, & Williams, 2001b).

Table 4: *Depressive symptoms*

Severity of Depression	Percentage of sample
No depressive symptoms	27.4%
Non-significant number of depressive symptoms	20.1%
Mild depression	31.7%
Moderate depression	7.5%
Moderate to severe depression	6.4%
Severe depression	2.2%

This finding demonstrates that the prevalence of depressive symptoms within this cohort is unusually high, and thus, demands more analytical attention than was originally intended. For this reason, depression was not treated as a covariate for self-efficacy, but as a second dependent variable, allowing for more thorough investigation of the relationship between depression and various independent variables.

Descriptive Statistics

The mean total PHQ-9 score for the sample was 5.14 ($SD= 5.21$), indicating that the average participant was mildly depressed (Kroenke et al., 2001b). The mean score for the General Self-Efficacy Scale was 31.17 ($SD= 5.35$) out of a possible maximum score of 40, indicating relatively high levels of self-efficacy among this cohort (Schwarzer, 1992). The average score for mood during the first 72 hours post-incarceration (with higher scores indicating more positive mood states) was 16.39 ($SD= 5.05$) out of a possible maximum score of 32, while the average score for mood during general day to day life was 22.18 ($SD= 4.73$), also out of a possible maximum score of 32. The mean total for the ‘mentor value’ subscale was 44.75 ($SD= 3.29$) out of a possible maximum score of 48, while the mean total for the ‘supervisor value’ was 24.36 ($SD=7.1$), also out of 48.

Preliminary Analyses

According to Sapouna et al. (2015) personal agency is more commonly regarded as a factor which influences re-offending in males, as men tend to view desistance as a personal decision. Inversely, women are more likely to desist for interpersonal reasons, such as feelings of responsibility toward family members and guilt toward victims (Jamieson, McIvor, & Murray, 1999). For the reason, the researcher employed a one-tailed Mann-Whitney U test to analyse gender differences in order to determine whether self-efficacy was more prevalent in male subjects. Results were not significant (self-efficacy $p=.181$, depression $p=.381$). However, group sizes were dramatically different (women $N= 11$, men $N= 82$), and so it is impossible to know whether the lack of significant variance found between men and women is genuine, or is merely a bi-product of the unequal groups. Further gender options included in the survey were ‘other’ and ‘rather not say’. These were excluded from the analysis entirely because each group contained only one subject, and thus, results were in no way indicative of self-efficacy or depression in larger populations.

A Spearman’s rho was used to assess the relationship between age, time since release from prison, self-efficacy, and depression. Since no predictions were made regarding outcomes, two-tailed tests were used to determine the correlations between variables. The analysis revealed insignificant correlations between age and self-efficacy ($r_s = .090$, $p=.384$), age and depression ($r_s = -.100$, $p=.336$), and time since release from prison and depression ($r_s = -.183$, $p=.079$). The analysis also revealed a small but significant correlation between time since release from prison and self-efficacy ($r_s = -.245$, $p=.018$), indicating that distance from incarceration is somewhat associated with higher levels of personal agency.

Analyses

Between-Groups Variance

Descriptive statistics and boxplots were used to view the relationships between self-efficacy and depression in subjects who 1) have never had a mentor 2) have had a mentor 3) are mentors, 4) have had a supervisor, and 5) have had the

same mentor consistently. A factorial ANOVA was used to assess dependent variables in subjects who belong to multiple groups. Outcomes are outlined in Table 5.

The researcher intended to analyse an additional cohort of individuals that had mentors *only* for the first 72 hours post-incarceration, but the group size was so minute ($N=4$), and the results so inconsistent with the rest of the data set, that this group was eliminated from the analysis.

Table 5: *Self-efficacy and depressive symptoms between groups*

Group	<i>N</i>	Self-efficacy mean score	Depression mean score
Mentor and Supervisor Relationships			
Never had a mentor	42	30.58	5.90
Have a mentor (past or present)	36	32.03	4.05
Have a supervisor (past or present)	54	31.07	5.14
Have a supervisor and a mentor (past or present)	28	31.96	4.57
Have never had a supervisor or a mentor	16	31.07	5.07
Mentor Consistency			
Have always had the same mentor	28	31.66	4.41
Have had two or more mentors over time	9	33.22	2.90
Mentorship Roles			
Are currently mentors	50	33.19	4.19
Are not currently mentors	36	28.27	6.73
Are mentors and have mentors	23	34.05	4.22
Do not have mentors and do not have mentors	23	27.79	8.62

The variance revealed by the preliminary analysis indicated that self-efficacy is highest among subjects who are mentors and also have mentors. This group was preceded by the group of subjects that have had two or more mentors over time, but since the group size was extremely small ($N=9$), it is likely that this statistic is erroneous. The depression score for this group was also inconsistent with the rest of

the data set. Thus, while this variable was included in the analysis because of its direct relevance to the research question that addresses mentor consistency, the weight of this outcome is diminished by the sample size. That being said, even if the ‘two or more mentors over time’ group had been excluded from the analysis, the remaining five groups that averaged highest for self-efficacy and lowest for depression all include subjects who 1) are mentors, 2) have mentors, or 3) belong to both categories. Inversely, the groups that scored lowest for self-efficacy and highest for depression include those who 1) have never had mentors, 2) are not mentors, or 3) belong to both categories.

According to the PHQ-9 scoring protocols, the mean score of depression in *all* subject groups who lack mentor relationships was significant enough to be considered ‘mild depression’ (≥ 5) (Kroenke et al., 2001b). In spite of the high prevalence of depressive symptoms in this cohort, self-efficacy mean scores across all groups were higher than average (general population mean scores usually fluctuate around 2.9) (Schwarzer & Scholz, 2000), indicating that this cohort exhibits relatively high levels of optimism, personal agency, and self-belief.

Significance of Variance

The significance of variances between the groups outlined in the research questions was assessed. The intention of the researcher was to assess the degree to which ‘lived experience’ was predictive of the dependent variables. Thus, the ‘subjects who have had a mentor’ group includes anyone who had a lived experience mentor at any point, regardless of whether or not they have also had a supervisor.

The researcher intended to use t tests to assess the significance of between-groups variances. However, the data was not normally distributed (see ‘data preparation’) and so a one-way ANOVA was conducted in order to provide a more robust analysis. Results are outlined in Table 6.

Table 6: *Significance of between-groups variance*

Groups Compared	Self-efficacy <i>F</i> statistic	Depression <i>F</i> statistic
Subjects who currently work as mentors versus those who do not currently work as mentors	F (1,90)=19.87, p=.000 *	F(1,90)=5.82, p=.018 *
Subjects who have had a mentor (past or present) versus those who have never had a mentor	F (1,86)= 1.44, p=.233	F (1,86)=2.87, p=.094
Subjects who have had a mentor versus those who have had a non-lived experience supervisor	F(1, 67)=1.725, p=.193	F(1,67)=2.84, p=.096
Subjects who have had a consistent mentor versus those who have had two or more mentors over time	F(1,36)=.459, p=.502	F(1,36)=.588, p=.448

Note. * $p < .05$ (significant at the 0.05 level)

The one-way ANOVA indicated that there was significant variance in self-efficacy and depressive symptoms between those who work as mentors, and those do not, thus indicating that mentors are less depressed and have a more positive sense of self than non-mentors. The between-group variances in the remaining categories were not significant. However, the sample was under power for ANOVA, and so effect sizes may be inaccurate. Thus, Mann-Whitney U tests were conducted in order to re-assess any non-significant outcomes, though these analyses are less reliable than their parametric alternatives. Results of the independent-samples Mann-Whitney U tests are outlined in Table 7.

Table 7: *Additional analyses of between-groups variance (non-parametric)*

Group	Self- efficacy <i>P</i> value	Self- efficacy <i>U</i> value	Depression <i>P</i> value	Depression <i>U</i> value
Subjects who have had a mentor (past or present) verses those who have never had a mentor	.173	1,111.5	.026*	689.5*
Subjects who have had a mentor versus those who have had a non-lived experience supervisor	.161	473.0	.032*	764.5*
Subjects who have had a consistent mentor versus those who have had two or more mentors over time	.636	145.0	.736	120.0

Note. * $p < .05$ (significant at the 0.05 level)

The one-tailed Mann-Whitney U test revealed that subjects who have mentors (Mean Rank=37.64) show significantly fewer depressive symptoms than individuals who do not have mentors (Mean Rank= 49.71). Subjects who have lived experience mentors (Mean Rank= 30.38) also showed significantly less depressive symptoms than subjects who have non-lived experience supervisors (Mean Rank=40.66). Self-efficacy variance in these groups remained insignificant.

The distribution of self-efficacy and depression totals across groups of subjects who have had consistent mentors versus those who have had two or more mentors remained insignificant. However, due to the small number of subjects who have had two or more mentors over time ($N=9$), it is impossible to know if the lack of significant variance is genuine.

Mentor-value as a predictor for self-efficacy

Correlations

A one-tailed Spearman's rho was conducted in order to determine whether subjects who perceive their mentors as valuable to them were more likely to exhibit higher levels of self-efficacy and lower levels of depression than those who did not value their mentors. The 'overall value of mentor relationships' scores were calculated by averaging all responses on the 'mentor value' subscale items. Results revealed insignificant correlations, indicating that there does not appear to be a relationship between the overall perceived value of mentor relationships and self-efficacy ($N= 42, r_s = .126, p= .426$), or depression ($N= 42, r_s = .079, p= .619$).

Each item in the 'mentor value' subscale was then tested independently against self-efficacy and depression. 'Fairness' and self-efficacy were the only two factors that correlated on a 0.05 level, while 'relates to experiences' and 'respect' correlate with depression on a 0.01 level. 'Overall benefit of relationship' correlates with self-efficacy and depression on a 0.01 level. All remaining correlations were insignificant.

Multiple Hierarchical Linear Regression Analysis

A regression model was used to assess the degree to which mentor value is predictive of self-efficacy. In this test, depression was included as an independent variable rather than as a dependent variable, which allowed for a more thorough analysis of the interactions among all of the variables included in the model. It was previously established that depression is somewhat predictive of self-efficacy (see 'covariates' section), and so this variable was prioritized in the analysis (block 1). The preliminary analysis of correlations produced very little significance, and so no assumptions were made regarding the relative predictive value of the 'mentor value' items. Thus, these items were analysed via forced entry (block 2).

The relevant assumptions of the regression model were evaluated prior to conducting the analysis. Outliers were assessed via standardized residuals, which did

not indicate the presence of any odd cases. Leverage was evaluated via Cook's distance, which established that no cases were having undue influence on results. There was no evidence of multicollinearity, which was assessed via tolerance and Variance Inflation Factor (VIF) scores. The Durbin Watson statistic ($d=2.248$) confirmed the independence of residuals. Histograms, scatter plots, and P-Plots indicated that the distribution of residuals was highly normal, and that residuals were dispersed at all levels of the predictors, indicating homoscedasticity.

Outcomes

The coefficient of determination indicated that the proportion of variance predicted by the model increased from $R^2=.408$ in Model 1 (which measured only depression) to $R^2=.609$ in Model 2 (which measured depression + 'mentor value' items). The preliminary ANOVA confirmed the predictive value of Model 1 [$F(1, 40)=27.518, p=.000$] and Model 2 [$F(13, 28)=4.796, p=.000$]. These results indicate that the addition of the 'mentor value' subscale contributed to the overall significance of the regression model. Details of the analysis are outlined in Table 8.

Table 8: *Multiple hierarchical linear regression predicting self-efficacy from perceived mentor value and depression*

Predictor	β	t	p
Model 1			
Depression	-.639	-5.252	.000*
Model 2			
Depression	-.720	-6.241	.000*
Relates to experiences	.447	-.771	.447
Comfortable communication	.479	-.717	.479
Assistance in adjusting to life outside of prison	.011	2.712	.011*
Understands feelings	.253	-1.167	.253
Provision of emotional support	.285	-1.091	.285
Comfortable asking for help in difficulty	.050	2.052	.050*
Trust	.385	.882	.385
Focus on progress and accomplishment	.566	-.581	.566
Fairness	.133	1.547	.133
Respect	.287	-1.086	.287
Provision of help in working toward goals	.479	-.717	.479
Overall benefit of relationship	.053	2.024	.053

Note. * $p < .05$ (significant at the 0.05 level)

Depression maintained statistical significance in Model 2. Additionally, ‘assistance in adjusting to life outside of prison’, and ‘comfortable asking for help in difficulty’ were also significant predictors for self-efficacy. This indicates that ex-offenders who felt that their mentors were an asset during their transition out of prison and back to their communities, and who feel they can consult their mentors when they are faced with an obstacle, are more likely to perceive themselves as capable, active participants in their own lives. The remaining items on the ‘mentor value’ subscale were not significantly predictive of self-efficacy.

Perceived Value of Mentor and Supervisor Relationships

Scores on all of the ‘mentor value’ scale items were extremely high. This was especially apparent when ‘perceived value of mentor relationship’ scores were compared to ‘perceived value of supervisor relationship’ scores, which were significantly lower. The lowest score on any given ‘mentor value’ item was 2, indicating that no one selected ‘not at all true’ (1) for *any* of the items pertaining to perceived mentor value. Related-samples Wilcoxon signed-rank tests were used to assess the significance of the variances between mean scores. All mean scores are out of a possible maximum score of ‘4’, or ‘exactly true’. Outcomes are outlined in Table 9.

Table 9: *Perceived value of mentor and supervisor relationships*

Relational aspect assessed	Mentor value mean score	Supervisor value mean score	Significance
Relates to experiences	3.79	1.66	.000*
Comfortable communication	3.70	1.91	.000*
Assistance in adjusting to life outside of prison	3.56	1.94	.000*
Understands feelings	3.53	1.72	.000*
Provision of emotional support	3.56	1.98	.000*
Comfortable asking for help in difficulty	3.62	2.01	.000*
Trust	3.72	2.22	.000*
Focus on progress and accomplishments	3.68	2.15	.000*
Fairness	3.67	2.34	.000*
Respect	3.93	2.51	.000*
Provision of help in working toward goals	3.67	2.19	.000*
Overall benefit of relationship	3.84	2.22	.000*

Note. * $p < .05$ (significant at the 0.05 level)

Mentors were perceived as significantly more valuable than supervisors in every respect (relative to the predictors). However, though the mean scores of the ‘mentor value’ subscale indicate that subjects feel that their mentors are valuable, no further implications regarding self-efficacy or depression can be derived from these outcomes (see multiple hierarchical linear regression model outcomes).

The significance of the initial 72 hours post-incarceration

Mood states in the initial 72 hours post-incarceration and in general were compared in order to determine whether ex-offenders feel that the first three days after they have been released from prison are uncharacteristically difficult. Difficulty was measured via the mood states described in Table 10, where the minimum possible score was 1, ‘not at all true’, and the maximum score was 4, or ‘exactly true’. Negatively worded items were reversed for analysis, and related-samples Wilcoxon signed-rank tests were used to assess the significance of the variances.

Table 10: Analysis of variance in mood states

Mood State	Initial 72 hours post incarceration mean	In general mean	Significance
Lonely	3.27	2.07	.000*
Hopeful	1.80	2.76	.000*
Isolated	3.46	1.99	.000*
Stressed	3.32	2.08	.002*
Supported	1.84	3.08	.000*
Fearful	3.20	1.97	.000*
Relieved	2.37	2.74	.005*
Happy	2.12	3.11	.000*

Note. * $p < .05$ (significant at the 0.05 level)

In a separate question, the same 4-point likert scale described above was used to ask participants if they recall the first 72 hours post-incarceration as being a particularly difficult time in their lives. The mean for this question was 3.74, where 81.1% of participants answered 4, or ‘exactly true’. This outcome, in conjunction with

the mean scores outlined in Table 10 indicate that the subject group did in fact perceive the first 72 hours post-incarceration as being especially difficult.

A one-way ANOVA was then used to determine whether subjects who had a mentor during the initial 72 hours post-incarceration were more likely to exhibit higher self-efficacy levels, lower depressive levels, or higher mood states than those who did not. Subjects who had a mentor during this specific time frame were compared with subjects who did not have a mentor, regardless of whether they acquired one later on. All outcomes were not significant [self-efficacy: $F(1,79)=1.77$, $p=.187$, depression: $F(1,79)=.009$, $p=.923$, mood state: $F(1,79)=.346$, $p=.558$]. Mann-Whitney U tests confirmed the lack of significance. These results are not included in the analysis as they are redundant.

Supplementary Analyses

A one-way ANOVA was used to determine whether subjects who have had mentors at any point exhibited higher general mood states than subjects who have not. These results were also insignificant [$F(2,92)=1.07$, $p=.344$]. A Mann-Whitney U test confirmed the lack of significance.

Discussion

The first aim of the study was to investigate the associations between mentorship and self-efficacy. Depression was added to the analysis as a second dependent variable. The findings indicated that subjects with mentors were less likely to be depressed than subjects without them. Significantly fewer depressive symptoms were found in subjects with mentors when compared to subjects with supervisors. However, mentorship was not significantly predictive of self-efficacy in these groups, and mentor consistency was not predictive of either depression or self-efficacy. Findings also revealed that subjects who worked as mentors exhibited significantly higher self-efficacy levels and significantly fewer depressive symptoms than those who did not.

The study also aimed to assess whether the perceived value of mentor relationships was predictive of self-efficacy. According to the multiple regression

model, overall perceived mentor value was found to be predictive of self-efficacy. Moreover, self-efficacy scores were higher among subjects who felt that they were treated fairly by their mentors and who felt that they could consult their mentors when facing a difficulty. Those who felt that their mentors helped them to adjust to life outside of prison also demonstrated higher levels of self-efficacy.

In regard to the next research aim, the perceived value of mentor relationships was extremely high among this cohort. Mentors were perceived as being significantly more valuable than supervisors in every respect (relative to the predictors). It is possible that this variance is due to the nature of mentor and supervisor relationships. For instance, lived experience mentors are not mandatory; the subjects who have them are individuals who *chose* to have them, indicating that the perceived value of having a mentor may have preceded the actual relationship. Inversely, supervisors such as parole officers and social workers, in most cases, are assigned (Senior et al., 2011). There is no personal agency involved in the decision to have one. Thus, it is plausible that an aversive relationship with a supervisor would be more likely to occur.

To my knowledge, this is the only existing study to provide empirical evidence that the 72 hours immediately following incarceration represent a particularly difficult, and moreover, potentially vulnerable time for ex-offenders. This finding, viewed in conjuncture with the fact that self-efficacy is higher in subjects who's mentors helped them to adjust to life outside of prison, could provide valuable insights for rehabilitative initiatives, which could potentially improve outcomes by targeting ex-offenders during this timeframe. However, the retrospective nature of the 'mood during the initial 72 hours post-incarceration' and 'general mood' subscales increased the risk of error. This is especially true for this cohort, of which 67.4% of subjects had been out of prison for five years or more. Thus, a longitudinal research design that assesses the mood states of participants during those first 72 hours, and periodically afterward, would be better suited to address this question.

In terms of the final research question, which addressed the need for mentorship during those initial 72 hours, the evidence did not support higher self-efficacy, lower depression levels, or higher moods in individuals who had mentors. However, this does not necessarily mean that mentors are not beneficial during this time. The mean scores from the analysis of mood states (see 'the significance of the

initial 72 hours post-incarceration’) indicate that this 72-hour time frame is characterized by stress, isolation, hopelessness, and lack of support. Moreover, the item on the mentor-value subscale that was *most* predictive of self-efficacy (see regression model ‘outcomes’ section) was ‘adjustment to life outside of prison’. This result indicated that mentors were not only seen as valuable during this transition, but that their support was associated with higher levels of self-efficacy down the line.

Due to the research design and the external variables that effect self-efficacy (such as life events, changes in financial stability, and family life) (Chapman & Murray, 2015; Clemens, Lingmore, Demuth, Giordano, & Manning, 2016), the results of the present study do not allow for causal attribution. Thus, conclusions regarding the effectiveness of mentorship initiatives cannot be assessed. Moreover, the overall effectiveness of ex-offender support services are generally measures in terms of whether or not they promote desistance, not self-efficacy (Weaver, 2015). However, Armstrong & McNeill (2012) state that studies which emphasize desistance as a single indicator of success may be inappropriate to measure re-offending behaviours. According to a Scottish Government report on reducing reoffending, ‘evaluations (should) focus not only on *what* works, but also on *how*, *why*, and *to what ends* an intervention is expected to work’ (Sapouna et al., 2015, p. 12). Thus, analysing the relationship between mentorship and self-efficacy may contribute to our wider understanding of desistance as a process, rather than as an outcome.

The methods of recruitment employed for the present study presented a number of limitations. The vast majority of participants had been out of jail for two years or more (83.2%), and were of an age range not generally associated with frequent criminal activity (36-40 years old) (Farrington et al., 2006). In hindsight, this result is not surprising, as surveys were circulated at ‘lived experience’ events, and electronically via SCIOs and mentorship programs; not places one would expect to find young, active offenders. People do not voluntarily attend lived experience events or request a mentor unless they have already made a decision that they want to desist. Thus, the method of recruitment utilized in the present study excludes individuals who have not made that choice. That being said, Sapouna et al. (2015) states that ‘desisters’ are generally considered to be persons who have been out of prison for two years or more, indicating that data collected from this group may provide a more

internally consistent representation of desister attitudes and mind-sets, and moreover, may account for the high levels of self-efficacy found in this cohort. Thus, it is perhaps because the subjects wanted to desist and (through mentorship and lived experience events) were taking active steps to do so, that they were able to develop the sense of personal agency and goal-orientedness reflected in the self-efficacy scores.

When viewed in conjecture with the prevalence of depressive symptoms in the present cohort, the above-average self-efficacy scores are an anomaly. Generally, individuals who exhibit high self-efficacy also exhibit few depressive symptoms (Luszczynska et al., 2005). However, the cohort consisted predominantly of subjects who have been out of prison for five years or more (67.5%), and the preliminary correlation analysis (see 'preliminary analyses') revealed that self-efficacy increases as 'time since release from prison' increases. Thus, the relatively high self-efficacy levels characteristic of the present population may be due to the amount of time that has passed since their release. However, this theory does not account for the abnormally high prevalence of depressive symptoms in the present population, and future research is necessary if we are to identify the cause of this concerning outcome.

Conclusion

The fact that higher self-efficacy levels are associated with desistance has been widely established in psychological research (Maruna, 2001; Weaver, 2015). The present study has thus built upon this concept by investigating which factors are most closely associated with high self-efficacy. The finding that people who work as mentors exhibit higher levels of self-efficacy and lower levels of depression than those who do not is not surprising when viewed in conjuncture with the existing evidence on this topic. Maruna (2001) found that mentors demonstrate a more thorough understanding of their criminal behaviour, heightened motivation to desist, and a sense of pride in their positive social roles. However, there is a key factor missing from this assessment: mentors are employed. It is incredibly difficult for people with criminal records to find work (Jacobs, 2015), and they are often shamed and ostracised by their communities (Hurt & Basham, Matthew, 2017). Depressive

symptoms are rampant in the present cohort, and though causality cannot be inferred in this case, there is a wealth of scholarship that has connected unemployment and social isolation with depression (Cuijpers & Geraedts, 2011; Skardhamar & Telle, 2012). Mentorship is a venue through which ex-offenders can make their own money, provide for themselves and their families, and work with other ex-offenders, who presumably do not treat them like ‘criminals’, but as valuable, productive members of a community. Thus, it is perhaps not the mentor-role itself, but the psychosocial factors that surround this field of employment that enable mentors to develop a positive self-image. Moreover, high self-efficacy levels were characteristic of subjects who felt that they had someone who they could turn to for help when faced with an obstacle, and those who felt they were being treated fairly. In this case, these variables applied specifically to mentors, but theoretically, if these findings were to be applied on a larger scale, we as a society could increase desistance by providing ex-offenders with more employment opportunities, and by changing the ways in which we perceive and respond to them.

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Appendices

Appendix 1: Ethical Approval



SCHOOL of HEALTH IN SOCIAL SCIENCE
CLINICAL AND HEALTH PSYCHOLOGY

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18 August 2017

Dear Lindy,

Application for Level 2 Approval

Reference: CLIN403

Project Title: The Relationship Between Mentorship and Self-Efficacy Post-Incarceration

Academic Supervisor: Matthias Schwannauer

Thank you for submitting the above research project for review by the Department of Clinical and Health Psychology Ethics Research Panel. I can confirm that the submission has been independently reviewed and was approved on the 3rd August 2017.

Should there be any change to the research protocol it is important that you alert us to this as this may necessitate further review.

Yours sincerely,

Kirsty Gardner
Administrative Secretary
Clinical Psychology

Appendix 2: Scales devised by the researcher

Mood During 72 Hours Post-Incarceration Scale

Think back to the three days following your release from prison and select the answer to each question that best described how you felt.

	Not at all true	Hardly true	moderately true	exactly true
I felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt hopeful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt stressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt supported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt relieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note. Reverse code items 1, 3, 4, 6 for analysis. Not at all true= 1 Hardly True =2 Moderately True= 3 Exactly True= 4. Higher scores indicate more positive mood states.

Additional item:

I recall this as being a particularly difficult time in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Note. Not at all true= 1 Hardly True =2 Moderately True= 3 Exactly True= 4. Higher scores indicate greater level of difficulty.

General Mood Scale

Please select the answer to each question that best describes how you feel in your general, day-to-day life.

	Not at all true	Hardly true	Moderately true	Exactly true
I feel lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel stressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel hopeful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel supported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel relieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note. Reverse code items 1, 2, 4, 6 for analysis. Not at all true= 1 Hardly True =2 Moderately True= 3 Exactly True= 4. Higher scores indicate more positive mood states.

Mentor Value Scale

	Not at all true	Hardly true	Moderately true	Exactly true	Not applicable
I feel that my mentor can relate to my experience	<input type="checkbox"/>				
I feel perfectly comfortable communicating with my mentor	<input type="checkbox"/>				
My mentor made it easier for me to adjust to life outside of prison	<input type="checkbox"/>				
I feel that my mentor fully understands my feelings	<input type="checkbox"/>				
I feel emotionally supported by my mentor	<input type="checkbox"/>				
If I am facing a difficulty, I feel I am able to consult my mentor for help	<input type="checkbox"/>				
I trust my mentor	<input type="checkbox"/>				
My mentor helps me to focus on my progress and accomplishments	<input type="checkbox"/>				
If I make a mistake, my mentor treats me fairly	<input type="checkbox"/>				
My mentor addresses me with respect	<input type="checkbox"/>				
My mentor helps me to work toward my goals	<input type="checkbox"/>				
Overall, I have benefited from my relationship with my mentor	<input type="checkbox"/>				

Note. Requires no reverse coding. Not applicable= 0 Not at all true= 1 Hardly True =2 Moderately True= 3 Exactly True= 4. Higher scores indicate greater mentor value.

Supervisor Value Scale

	Not at all true	Hardly true	Moderately true	Exactly true	Not applicable
I feel that my supervisor can relate to my experience	<input type="checkbox"/>				
I feel perfectly comfortable communicating with my supervisor	<input type="checkbox"/>				
My supervisor made it easier for me to adjust to life outside of prison	<input type="checkbox"/>				
I feel that my supervisor fully understands my feelings	<input type="checkbox"/>				
I feel emotionally supported by my supervisor	<input type="checkbox"/>				
If I am facing a difficulty, I feel I am able to consult my supervisor for help	<input type="checkbox"/>				
I trust my supervisor	<input type="checkbox"/>				
My supervisor helps me to focus on my progress and accomplishments	<input type="checkbox"/>				
If I make a mistake, my supervisor treats me fairly	<input type="checkbox"/>				
My supervisor addresses me with respect	<input type="checkbox"/>				
My supervisor helps me to work toward my goals	<input type="checkbox"/>				
Overall, I have benefited from my relationship with my supervisor	<input type="checkbox"/>				

Note. Requires no reverse coding. Not applicable= 0 Not at all true= 1 Hardly True =2 Moderately True= 3 Exactly True= 4. Higher scores indicate greater mentor value.

Appendix 3: Empirically Validated Scales

The General Self-Efficacy Scale (GSE)

Please select the response that you feel best describes your current beliefs about yourself.

	Not at all true	Hardly true	Moderately true	Exactly true
I can always manage to solve difficult problems if I try hard enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If someone opposes me, I can find the means and ways to get what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy for me to stick to my aims and accomplish my goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can remain calm when facing difficulties because I can rely on my coping abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident that I could deal efficiently with unexpected events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thanks to my resourcefulness, I know how to handle unforeseen situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can solve most problems if I invest the necessary effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I am confronted with a problem, I can usually find several solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I am in trouble, I can usually think of a solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can usually handle whatever comes my way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note. Requires no reverse coding. Not at all true= 1 Hardly True =2 Moderately True= 3 Exactly True= 4. Higher scores indicate higher self-efficacy levels.

The PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling bad about yourself- or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving or speaking so slowly that other people have noticed? Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts that you would be better off dead or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note. Requires no reverse coding. Not at all= 0 Several days= 1 More than half the days=2 Nearly every day=3. Scoring. Scores 5- 9 = mild depression, 10-14= moderate depression, 15-19= moderately severe, ≥ 20 = severe depression. Requires no reverse coding.