

Understanding the Physical Health Care Needs of Scotland's Prison Population

Research summary

Prison populations are more likely than non-prison populations to have physical health problems. Further, the living conditions in prison can increase how common certain illnesses are. It can also increase the impact of these illnesses on the individual. Shared cells and overcrowding can mean that people pass on viruses more easily, while a poor diet, a lack of exercise and poor health care can impact on illness too. Prisons also house more people over the age of 50 than they used to and these individuals are likely to have more health conditions associated with age. These challenges are likely to continue or get worse over the coming years.

It is important that we have a clear understanding of the physical health challenges of people living in prison so that the NHS and Scottish Prison Service can work out how best to manage them. The last national physical health needs assessment within prisons in Scotland was conducted 15 years ago (Graham, 2007). Since then, a number of changes in how prison health care is managed have occurred and there are more changes planned. An updated health needs assessment of the Scottish pPrison population is therefore needed.

As such, the Scottish Government has requested a full assessment of social care and health needs in prison. This full assessment has been broken into 4 separate projects each looking at a different area of health care: physical and general health (the current project), mental health, substance use, and social care and support needs. These are being run as separate projects but the findings will be combined in a full report when all are complete.

The aims of the current projects are to:

1. Highlight the physical health challenges faced by the prison population;
2. Describe physical health care provision in Scottish prisons, through interviews with professionals involved with prison health care, people with experience of prison, and family members of people in prison; and
3. Compare the health needs identified in Scottish prisons with the wider Scottish population and to prison populations from other UK countries.

Scotland's prisons and the physical health care needs of Scotland's prison population

Data on the health needs of Scotland's prison population were drawn from a range of sources. The aim was to assess how common 17 physical health needs are¹. These estimates were compared with estimates for Scotland's general population and other national and international prison populations (where relevant and available).

There were a number of questions about how reliable the available data were. This identifies a need for an improved system to record data relating to the physical health of Scotland's prison population.

Despite the limitations of the available data, it is possible to draw some cautious conclusions. Worse physical health was seen amongst White persons living in prison in Scotland, females and individuals aged 50+. The data also suggest that persons living in prison in Scotland are more likely to suffer from some (but not all) of the 17 physical health conditions than the general, non-prison population. Those that the prison population are more likely to suffer from were: epilepsy, asthma, COPD, hepatitis C, poor oral health and Covid-19.

Interviews with professionals, people with experience of prison, and family members

Interviews were held with various professionals involved in prison health care, people with experience of prison, and family members of people in prison. Seventeen of these interviews were conducted with professionals from the Scottish Prison Service, NHS (prison- and community-based), Public Health Scotland, HM Inspectorate of Prison for Scotland, and third-sector organisations which work with people either in prison or on their liberation. Two people with experience of prison and three family members of people in prison were also interviewed.

The views of people with experience of prison and family members of people in prison

Most participants felt that it was possible for people in prison to improve their physical health while in prison. Access to the gym was highlighted as positive, but it was reported that people in prison would welcome a range of exercise options. People also commented that it is easier to access some health care services in prisons than in the community.

There was agreement that there were too few prison health care staff (e.g. nurses) in prison and that this situation was made worse by the Covid-19 pandemic. Access to the General Practitioner (GP) and to medication was reported by participants to

¹ The 17 areas of physical health need were: Ischaemic (Coronary) Heart Disease (CHD) and Other Heart Disease (OHD); Musculoskeletal Disorders; Diabetes; Epilepsy; Asthma; Chronic Obstructive Pulmonary Disease (COPD); Blood Borne Viruses (BBV); Sexually Transmitted Infections (STI); Oral Health; Cancer; Cerebrovascular Disease (Stroke); Digestive Conditions: Chronic Liver Disease (CLD), Chronic Kidney Disease (CKD) and Disorders of the Oesophagus, Stomach and Duodenum (DOSD); Respiratory Tract Infection (RTI); Covid-19; Dementia; Pregnancy, Maternal Health and Post-Natal Care; Acquired Brain Injury.

vary. Some participants said they sometimes had to go without their prescription medication, for example, on reception to a prison or on liberation from prison. This was thought to be made worse due to problems with communication between community- and prison-based health care teams. Generally, participants reported that they had little personal control over health care decisions that impacted on them. They said that they felt that decisions about their health care happened *to* them rather than *in consultation* with them. Participants reported that greater communication and consultation around all physical health care related decisions would be welcomed.

The views of professionals

Participants identified a number of main physical health needs of people in prison: respiratory conditions, cardiovascular conditions, head injury, chronic pain, diabetes, blood borne viruses, oral health, and emergency health needs (discussed as a result of violence in prison). The needs of an ageing prison population were also highlighted. Most participants mentioned the mental health, trauma-, and substance use-related health needs of people in prison. It was recognised that people with mental health, trauma or substance use problems often had physical health needs also.

Younger males were thought to need trauma-related and mental health care rather than physical health care. These people were also more likely to have health problems as a result of substance misuse. Adult males were said to have higher levels of respiratory problems, such as COPD and asthma, due to smoking.

Participants spoke of how poor physical health amongst women in prison was linked to previous abusive or controlling relationships, sexual victimisation, or due to putting the health needs of their children or other family members before their own.

Interviewees commented that time in prison should be seen as an opportunity to address the health of those living in prison. A number of barriers to this were identified, however. These included:

- shortages of health care staff in prison (e.g. nurses),
- health care services in prison not encouraging people living in prison to take up the services available to them,
- gaps in health care provision on reception, on liberation, and transfer between prisons,
- issues with information sharing between community and prison based services, and
- missed secondary care appointments (referrals to other services by a GP) due to the transport from prison to the appointment not be available.

Report Limitations

There are a number of issues with this project that could have had an impact on how sound the conclusions are. The majority of these issues are due to changes in the design of the project that were needed due to the Covid-19 pandemic. These are:

- High workloads meant that some professionals were too busy to contribute to the project. There were fewer prison-based health care staff in the sample than we would have wished.
- Interviews with people living in prison were not possible due to Scottish Government guidelines. Instead, people with recent experience of prison and family members of people in prison were invited to take part in the project. The number of these individuals that took part in the project were, however, still low.
- All interviews were conducted over the telephone or online (e.g. MS Teams). This might have meant that some people were not able to take part. It is likely that people with experience of prison and families of people in prison might have been impacted by this to a greater extent than professionals.
- Finally the limited data available on the health needs of the prison population means that any differences in rates between Scotland's prison population and the general Scottish public might not be completely reliable.

Conclusions

Previous research tells us that people living in prison are more likely to suffer from poor health compared to the general population. People in prison are also more likely to have a range of health problems that occur together e.g. physical health problems, mental health problems, and substance use issues. It is therefore necessary that health care services in prison provide appropriate health care to people in prison. To do this, it is necessary to understand the physical health care needs of the population.

This project had difficulty estimating the physical health needs of Scotland's prison population. This was mainly due to a lack of quality data. Another issue was that the data that was available was stored on unconnected systems and no agreements have been made to connect the data together. To understand the physical health needs of Scotland's prison population a joined up data system is needed.

Despite the problems with the data, it is possible to draw some tentative conclusions. The following groups had worse health in prison compared to people in the community:

- White persons,
- Females,

- People aged 50+.

Further, the data suggest that people living in prison in Scotland are more likely than people living in the community to suffer from some physical health conditions. These included epilepsy, asthma, COPD, hepatitis C, poor oral health and Covid-19.

Professionals, individuals with recent experience of prison, and family members of people in prison were interviewed to gain their opinions on physical health care in prison. They thought that a prison sentence should be an opportunity to improve the health of people in prison. A number of barriers to this were identified, however, and have been outlined in the above section.

Based on the findings of this project, a number of recommendations have been made. There are outlined in detail in the full report. Some of these recommendations have also been in previous reports (e.g. Royal College of Nursing, 2016; Health and Sport Committee, 2017). This suggests that the progress made has not been enough and that action is now needed to improve health outcomes for people in prison in Scotland.

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