Cardiff University and the Offender Health Research Network-Cymru (OHRN-C) response to the National Assembly for Wales call for evidence on provision of health and social care in the adult prison estate.

Address for correspondence: School of Medicine Division of Psychological Medicine and Clinical Neurosciences, Hadyn Ellis Building, Cardiff CF24 4HQ, UK. Email: [redacted]

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The prevalence of ***health disorders*** among prisoners is high. Further, it is common for individual prisoners to have serious multiple disorders of both physical and mental health. Provision of a variety of health services in prison, good between-service communication and good links with services in the wider community are, thus, essential to prisoner safety.

Adequately resourced prisons may offer opportunities for interrupting seriously ***health-harming behaviours***, such as substance misuse, through education, structured support and/or treatment. In poorly resourced prisons such unhealthy behaviours can spread and get worse.

Some disorders, such as infectious diseases easily spread in closed institutions, and beyond. Appropriate protections for behaviours including (but not confined to) tattooing and piercing, injecting and sexual behaviours are essential. ***Prisoner safety*** must become a higher priority.

The ***socio-demographic mix of prisoners*** is relevant to management and outcomes and may change over time. It should be kept under review. Prisoners' families need support.

> In Wales, most people in prisons along the M4 belt used to be from South Wales, diversity is increasing.
>
> Except for Parc prison's unit for 15-17-year-olds, about 10 years ago younger and older male prisoners were freely mixed - is this better and for whom? Are age-related service boundaries sufficiently fluid?
>
> Growing numbers of prisoners have geriatric/psychogeriatric service needs
>
> There is no prison for women in Wales. More alternatives to prison should be considered to minimise removal of women from Wales when imprisonment is unavoidable.

Strategies for ***preventing ill-health*** must take account of inter-generational as well as personal issues. Validated services for children of prisoners offering more than basic support could be cost-effective in this respect.

Attention to wellbeing is important for staff as well as for prisoners. Prison staff need time for reflective practice.

There is good evidence of need for ***enhanced services during transitions*** - such as the week after reception into prison and the week after release. These are particularly high-risk times for health-related lapses or disasters, including suicide, fatal misjudgement of habituation to illicit drugs and lapses in any serious health disorder which requires continuous treatment.

Healthcare provision in prisons must be embedded in mainstream health services, with robust, ethically appropriate communication between health and justice staff.

However good the health service input, it cannot function adequately unless ***prison infrastructure and staff numbers*** are adequate. Calculation of optimal prison officer: prisoner ratios is essential to support restoration of and effective prison workforce.

Research in prisons is essential to real progress. Welsh prisons have a good past research record, but money for offender-related research is scarce; research practice has been impaired by prison staff cuts. Wales is in a strong position to provide leadership in research and development in this field, given adequate resources.

Introduction

We have tried to focus on issues which may either be more specific to Welsh prisons and/or where there are Welsh-specific data or initiatives. Our observations are far from exhaustive. Given the time available, we have had much less opportunity for consultation between colleagues than we would have liked. This response should, therefore, be regarded as partial and contributors very willing, separately or together, to expand where possible on any issues on which the National Assembly would like more information or input. Our group structure means that we are biased towards reflection on problems and potential solutions relating to mental health, but prisons have substantial needs relating to physical health too. The core issue of damage to services and risk of diminishing healthcare access for prisoners because of reduced numbers of experienced prison officers applies to physical and mental health needs.

Disorder prevalence and service needs

There is strong evidence, worldwide, of high rates of mental and physical disorders among prisoners – many disorders occurring at significantly higher than in the general population[1,2]. The base rate is likely to be high regardless of the state of the prison, so reception screening is advised. There are several recognised tools for this[3,4,] although consideration might be given to the even briefer screen on admission of asking about prior mental health concerns or treatment and any change in status of the prisoner's most important relationship – according to the prisoner. There is evidence from several developed countries[5] and from Wales specifically[6] that, for many, mental state tends to improve over the first weeks of imprisonment. In part this may follow from early identification of illness and its treatment, but in part also from reduction in the intense emotional impact of the arrest and detention and in part from a changed relationship with drugs and alcohol. Nevertheless, some disorders are sustained, and some start to emerge. We strongly recommend repeated mental health screening over time, coupled with further assessment, as needed.

A serious consideration is the extent to which this widely accepted information remains true in altered prison environments. In about 2013, there were very substantial cuts to prison staff numbers in Wales and England, especially affecting public prisons which lost about 40% of their prison officers[7]. Coterminously, rates of suicide, self-harm and violence have risen and are continuing to rise[8]. HM Inspectorate reports after visits to individual prisons in Wales provide useful data in some relevant areas comparing prisoners' experience of the prisons within the prison at the time of the new report with the previous report and between the prison and the average for other prisons in England and Wales. The report on Cardiff prison is particularly helpful in this respect as, fortuitously, the within prison comparisons covered the period of concern[9]. Reports on all Wales' prisons other than Berwyn are available on the HM Inspectorate of Prisons website. Our own research suggests that prisoner's mental health relates to experience of imprisonment, in particular relationships with prison staff and access to mental health services[10]. Papers currently under submission, which we would be willing to share in confidence until published, show that men in Cardiff prison since the staff cuts describe the experience of imprisonment very differently from the way an earlier sample described it before when the prison was more fully staffed, and that the positive mental state changes we would have expected during the first month of imprisonment are no longer apparent.

Substance misuse and Welsh prisons

Prisoners have generally been found to have a high rate of substance use disorders [11], but, in South Wales, our finding was that just over 80% were heavy alcohol users and half of those dependent on alcohol in the year before reception into prison; about a third were illicit drug users[12]. We were

unclear as to whether the rates in South Wales' prisons appeared rather higher than international consensus because we had used screening tools at interview which, within our sample, revealed higher rates than simply asking a man whether he believed he had problems with alcohol or drugs, because substance use in this population may have increased or whether there is truly a more substantial problem among South Wales' prisoners. The last Inspectorate report of HMP Cardiff suggests the latter[9]. Our study also found a mismatch between seriousness of alcohol misuse and referral for further assessment in prisons (to CARAT workers) not seen for drug misusers[12]. While many of the prisoners had had problems with both alcohol and illicit drugs, about one third of the men had problems with alcohol alone[12]. Wales, like England, has no dedicated alcohol misuse services in prisons, unchanged since 2010[13]. Consideration should be given to such provision. In general, more input from *specialist clinically qualified drug and alcohol misuse specialists* is required.

Concerns about prisoners' established problems in relation to substance misuse are being tackled in Berwyn Prison through a systematic approach by general practitioners who provide primary care services there. Here the focus is on prescribed drugs. The profile of misuse of prescription drugs is gaining a higher profile generally, but people who come into prison may be at particular risk because of their tendency towards higher risk of ill health and more chaotic lifestyles than in the general population. In Berwyn, each man has a formal review of all prescription medications soon after reception, in part to ensure that essential medications are continued, but in part to reduce potentially damaging combinations and stop misuse. The programme is under review and, if successful in its aims could be a model for other prisons too.

Ideally, there is no access to alcohol or unprescribed drugs in prisons. This has rarely if ever been the case, but with cuts in prison staff numbers, it has been much harder to control entry of substances into prisons (or 'substance creation' among prisoners). HM Prison Inspectorate's inspections of prisons in South Wales tend to confirm that substances are more prevalent than prior to cuts. Anecdotally, prisoners who have problems with mental health or disabilities are disproportionately vulnerable to being involved in moving substances once in prison, as they may be more susceptible to bullying or threats or in need of relief from otherwise untreated symptoms. Although the primary task must be to reduce flow of illicit substances into prisons, investigation of the extent to which people with mental health problems are particularly at risk would be helpful.

Research into the possibility that younger men with less experience of prison may be at risk of becoming serous drug misusers during imprisonment would also be useful (see also below).

Basic health safety

Rising suicide and self-harm rates, and possibly also violence rates, have been conterminous with cuts in prison staff. A 2017 Royal College of Psychiatrists' survey of psychiatrists in England and Wales found a mixed picture, but many concerned that they had insufficient access to prisoners in that clinic appointments were missed and, if prisoners became very ill and required a psychiatrist visit to the wings, then there could be insufficient officers to allow unlocking for adequate assessment. Berwyn has adopted technologies to help with referrals and appointments, and it will be important to have a formal review of whether this has helped. This may be one of the areas where experience in Wales could lead developments across England and Wales, even internationally. In South Wales, while mental health clinicians there have no complaints about commitment of prison staff, there are also problems with failed appointments and access, in part because of outdated computer systems and in part because of reduced staff numbers.

Many activities which would be regarded as legal and normal in the wider community are proscribed in prisons. This includes sexual activity, and also piercing and tattooing. Although illegal anywhere, injecting drugs may be even more risky in prisons than outside if hygiene options are not available. In relation to any activity which would include piercing the skin, it is important to check that sterilising equipment may be available to prisoners, and that heath screens include screening for blood borne infections.

Sexual activity in prisons should attract much more constructive attention. It is unlikely that sexual activity will not occur in prisons, as most prisoners are in the peak years of their sexual activity when imprisoned. At the simplest level, appropriate protection in the form of condoms should be freely available. Institutions have a duty of care, to ensure as far as possible to limit transmission of infections. More complex considerations include recognition of the risk of coerced sex or, effectively, rape. It is unlikely that many prisoners will report such behaviours, so staff vigilance is essential. The Inspectorate is now trying to collect data on the risks routinely in confidential interviews with about one third of resident prisoners at any inspection visit, but it is thought that even these interviews will underestimate risk. The Howard league for Penal Reform set up a Commission on Sex in Prisons. Two of us (Alisa Stevens, Pamela Taylor) were involved with that and can provide further information relating to the reports[14].

Socio-demographic considerations

Prison staff report changing demographics in prisons in South Wales, which may have implications for healthcare. In particular, these relate to holding more people from outside Wales, with some implications for support structures among prisoners, and reception of more older people. These would bear further investigation.

In our earlier research with men in prison in South Wales, we highlighted a difference in substance taking patterns between men of 18-20 and men aged 21 and over. The younger men were more likely to be hazardous drinkers and less likely either to recognise this themselves or to present with withdrawal symptoms after reception than the older men, but the younger men were also less likely to be heavy illicit drug users[15]. This was at a time when 18-20 year-olds and older men were held separately. We recommend research to find out if the change to integration by age has brought whatever benefits expected and whether there have been any impacts on health.

Although this consultation is primarily about adults, even in prisons children and young people may achieve adulthood, and we recommend that no hard age defined borders are set in relation to service delivery. It is of concern that there are no inpatient beds in Wales for children and young people who become offenders and who need inpatient psychiatric treatment. Numbers will be very small, but this issue should be kept under constant review. Further, young adult prisoners will often have needs which are indistinguishable from those of designated ‘adolescents’, so strong working relationships across traditional specialist boundaries are important.

We are also concerned that prison is hardly a place for development of healthy adult behaviours. The Howard League Commission on Sex in Prisons, already referred to, made sexual development of young people in prison one of the key areas for review[16], but other developmental considerations are also important. Julie Withecomb and the FACTS team would be happy to elaborate further.

Health promotion/disorder prevention strategies

There is considerable cross-over between areas for healthcare attention, and health promotion strategies must include information transmission about behaviours which are risky to health –

including those we have already raised like substance misuse and piercing, and support to reduce such behaviours. A further key area of risk is beyond the prisoner to people affected by the imprisonment. This includes the children of prisoners, who, without help, are at high risk of later imprisonment themselves[17]. Imprisonment of a parent would be regarded as one of the many serious adverse events which these children may experience which could affect their later health and behaviour. Making it reasonably easy and congenial for children to visit a parent in prison whenever appropriate is a necessary but not sufficient step for preventive work with such children. Parc prison has started some innovative work in this respect which should be supported and evaluated as having potential for much wider impact and showing Wales as a leader in such matters.

Wellbeing

Wellbeing is important for prisoners and staff alike, but here our focus is on staff. Since 2013, work has become increasingly stressful for prison staff, with reduced numbers, more experienced officers leaving and new initiatives, such as introduction of a ban on smoking regular cigarettes in prison, nevertheless being pushed through. Health care staff and structures could play a role in supporting prison staff and helping with reflective practice for prison staff, but first it would be important to be clear about their needs and what would really help, particularly while pressures remain high. We recommend some confidential survey work to establish needs among prison staff.

Transitionary enhancement of healthcare

Health problems of any kind are likely to be triggered or worsened during time of major transition, including entry to prison, movement between prisons and return to the community, and they may be fatal[18]. Risk factors include failures of communication between healthcare providers and other staff – so measures need to be in place to ensure that optimal transfer of information is in place, which do not breach rights to healthcare confidentiality. Other common factors include disrupted social structures outside prison and loss of habituation to substances after a period of detoxification and stabilisation in prison. The latter in particular expert clinical input to ensure safety, which is in scarce supply. This review must reassure that transitionary arrangements in Wales are adequate, and that there is provision of real expertise in treatment of substance misuse.

Embedding the services

There is a tendency for health services for prisoners – 'in-reach services' – to be viewed as separate from standard health services, but prisoners were part of the wider community before entry into prisons and most will become so again. It is important for health services delivered in prison to be a true extension of the health services of the wider community wherever possible to safeguard appropriate transitions of care and treatment. Any suggestion that prisoners might be deregistered from their usual general practitioner (as has been raised in England) while still in prison should be strongly resisted.

Adequate core prison staffing

It is impossible to note too often that the safe operation of prisons depends on having sufficient staff of appropriate experience to deliver this. Prison staff are essential to the support of health service delivery in prisons, both in terms of ensuring that service access is supported and facilitated and in being able to make simple basic observations of their own about possible need. This has not been the case since 2013.

It is worth observing that, at the same time as prison staffing came under attack, the probation service was split and skill requirements reduced at least for lower level offenders. This has

implications for transitionary arrangements which must be kept under review. There has been less research into the healthcare needs of people in the care and supervision of the probation service but, unsurprisingly, disorder rates are similar[19].

Research in prisons

It is inevitable that a university centred response will be seen to be biased towards calling for more research, but this is important. No real progress, however, can occur without it. Government inspired initiatives are likely to be more successful if introduced in a way that they can be tested in whole or in part, so that investment can be focussed where most likely to be effective. Further, we are too little attuned to the possibility that well-intentioned initiatives may bring harms as well as benefits[20].

Through the Offender Health Research Network-Cymru (OHRN-C), we have been able to support several research initiatives in Wales. [redacted] is leading important work to ensure that research is part of the culture in Berwyn. In South Wales, Cardiff University [redacted], Cardiff Metropolitan University [redacted] and Swansea University [redacted] have been the main research leads in recent years and would be happy to give further evidence.

In brief, through OHRN-C, now unfunded, we have developed good working relationships with staff in prisons, so can hear about practical need for new information and enjoy support as far as staff are currently able for research in prisons. The ability to capture, effectively, representative samples of a country's population in prison means that Wales is in a very strong position to provide leadership in prisons research and leadership, given resource. In particular, we have established that interventions may be trialled, albeit possibly not with optimal outcomes in the current staffing climate.

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Contributors

[redacted] School of Medicine, Cardiff University

[redacted] School of Health Sciences, Bangor University

[redacted] Royal College of Psychiatrists, Wales

[redacted] School of Social Sciences, Cardiff University

[redacted] All Wales Forensic Adolescent and Consultation Treatment Team (FACTS)

[redacted] Caswell Clinic, Glanrhyd Hospital, Bridgend

[redacted] Communications and Marketing, Cardiff University

[redacted] Centre for Trials Research, Cardiff University

[redacted] School of Medicine, Cardiff University