

1. The essentials about prisons and health

Alex Gatherer, Stefan Enggist, Lars Møller

Key points

- The state has a special duty of care for those in places of detention which should cover safety, basic needs and recognition of human rights, including the right to health.
- A primary health care service in prisons must be provided with staff, resources and facilities of at least the same standard as those available in the community. This principle of equivalence is an important measure of the adequacy of health care provision in places of detention.
- All health staff should have complete professional independence and should preferably be employed by a health authority. Their right to practise their profession within their professional codes of conduct and ethical rules should be clearly understood and accepted.
- It is important that all staff working in prisons accept that to the health team, prisoners are patients and must be treated as such. The duty of care placed on professional staff is the same whether the patient is at liberty or in prison.
- The prisoner as patient has the right to confidentiality and to treatment and care that is subject to informed consent.
- The importance of initial health screening and evaluation must be recognized and the best possible service should be provided. All staff involved should be aware of the benefits of diversion to other institutions for those prisoners who need to be in special facilities.
- Continuity of care is a crucial element of a sustainable prison health service. Prison health staff should make arrangements for continuous access to care on transfer or on release, which should be facilitated by prison management.
- Prison services have a responsibility to ensure that prisoners are not exposed to hazards likely to injure their health.
- Health in prisons is too important to be left solely to the health team. All staff working in prisons should have further training in health issues so that they have a better understanding of what the health team is doing and can support those efforts through their duties concerning the prison environment and regimes.
- Health resilience is an important aim of prison health care and an important contribution towards successful resettlement after discharge and to the reduction of health inequalities.

- A prison health service should be seen as helping to build a healthier society. An element of this is to support, where possible, the work of the prison staff in encouraging changes in attitude and behaviour with the objective of a crime-free society.
- Prison health services should not be isolated but should be integrated into regional and national health systems.

Background

In 1994, when it was first suggested to the WHO Regional Office for Europe that special attention should be given to the health of those in prisons and other places of detention, the Regional Director was Dr Jo E. Asvall, whose special enthusiasm was for health for all. Research at that time was drawing attention to tuberculosis (TB) and HIV/AIDS in prisons. It was clear that prisoners were a vulnerable group drawn from those parts of society which were hard to reach as regards health. The Region was leading the world in the settings approach to promoting health, and there was a strong case being made that prisons were a suitable setting, different from health-promoting cities and schools but open to the same holistic approaches that were so successful in daily living settings. Furthermore, in most countries, prison health was the responsibility of the ministry of justice or the ministry of the interior and was thus excluded from any influence from WHO working with the ministry of health.

In 1995, WHO and the United Kingdom organized a pilot meeting of some eight countries and various experts to discuss the proposal to establish a network for the exchange of experience in tackling health problems in prisons. The network, known as the WHO Health in Prisons Programme (HIPP), which developed from that pilot now includes most of the Member States in the Region. The purpose of the network is to exchange experience in tackling the health issues facing prisoners and prisons and to produce consensual statements of advice. The absence of a single publication drawing together advice from experts and members of HIPP led, in 2007, to the publication of the first edition of this guide.

The duty of care

There are several unique factors pertaining to people remanded in custody by a judicial authority or deprived of their liberty following conviction. The first is that

the detaining authority has to assume a duty of care for them, that is, a comprehensive obligation to meet at least their basic needs. The second is that prisoners are entirely dependent on the staff of prisons and detention centres for all aspects of their daily lives, as well as for protection and safety. This dependence must be understood by the staff since they share the duty of care with their employing authority, which should influence their attitude and approach. The third factor is that detainees retain all human rights other than their freedom. Their right to health is in no way diminished by their detention.

Why prison health is important

There are two other compelling reasons for providing health care in prisons. First is the importance of prison health to public health in general. Prison populations contain a high prevalence of people with serious and often life-threatening conditions. Sooner or later most prisoners will return to the community, carrying back with them new diseases and untreated conditions that may pose a threat to community health and add to the burden of disease in the community. Thus there is a compelling interest on the part of society that this vulnerable group receive health protection and treatment for any ill health.

The second reason is society's commitment to social justice. Healthy societies have a strong sense of fair play: those involved in the provision of health care are committed to reducing health inequalities as a significant contribution to health for all. It is a fact that the majority of prisoners come from the poorest parts of society, with deficiencies in education and employment experience. Their admission to prison can be the first time they have had a settled life with adequate nutrition and a chance to reduce their vulnerability to ill health and social failure. Prison health care can play an important role in reducing health inequalities.

All this underlines the need for governments to give a degree of priority to health in prisons. First, they should meet their duty of care for those deprived of their liberty. Second, they should respect prisoners' human rights, aid the protection of their health and contribute to public health as a whole, thus making a major contribution towards reducing health inequalities in a vulnerable part of the population while society awaits the effects of action on the broader social determinants of health.

It is not, however, easy to provide health care in prisons which by their nature are designed for safe custody and provided with regimes that have necessarily developed around questions of security.

Difficulties with isolation of services

One of the early and important lessons learned by the network is that prison health services cannot be adequately provided in isolation from other health and social services. In 2003, the network agreed, and WHO published, the Moscow Declaration, which called attention to the need for prison health services to be integrated or work closely with public health services (1). Since then, the need to avoid professional isolation has been further developed as part of WHO's work with health systems. It is now realized that prison health has important implications for health governance as a whole. A modern prison health service takes as its working method the "health in all policies" approach, in which effective and systematic action for the improvement of health genuinely uses all available measures in all policy fields. In 2013, WHO and the United Nations Office on Drugs and Crime (UNODC) published a policy brief on the organization of prison health, *Good governance for prison health in the 21st century* (2), with the following main findings:

- prisoners share the same right to health and well-being as other people;
- prisoners generally come from socially disadvantaged segments of the community and carry a higher burden of communicable and noncommunicable diseases compared with the general population;
- prisons are settings with high risks of disease; because their inhabitants continuously exchange with outside communities, they present a complex and difficult challenge for public health, especially where communicable diseases such as HIV or TB are concerned;
- states have a special, sovereign duty of care for prisoners: they are accountable for all avoidable health impairments to prisoners caused by inadequate health care measures or inadequate prison conditions with regard to hygiene, catering, space, heating, lighting, ventilation, physical activity and social contacts;
- prison health services should work to at least the equivalent professional, ethical and technical standards to those applying to public health services in the community;
- prison health services should be provided exclusively to care for prisoners and must never be involved in the punishment of prisoners;
- prison health services should be fully independent of prison administrations and liaise effectively with them;
- prison health services should be integrated into national health policies and systems, including the training and professional development of health care staff.

Essential components of a prison health service

Each of these aspects features strongly throughout this guide, as they underpin the objectives of a prison health service and support the motivation of the staff. This overview aims to give a brief outline of prison health services and their main features.

The prison service is the least known and understood of all the public services despite its importance for society. Where health is concerned, a lack of prison health care can threaten public health and add to the health burden on communities. By helping to build healthy communities, a prison health service can help to avoid an increase in the general burden of disease. Good prison health care will also contribute to a reduction in reoffending after release.

The essential points can be summarized under four headings:

- medical care
- health protection
- health promotion
- health resilience.

Medical care

The first essential is the provision of medical care for prisoners in need of it, which requires access to fully trained doctors and nurses with a supply of modern medicines and appropriate facilities, such as consultation rooms, treatment rooms and short-stay beds with some nursing supervision. The recruitment, retention and continuing professional training of health care staff should be arranged so as to create a dedicated and specialized health service for people in detention. It is important to maintain the professional interest of health staff, which is more easily done when the prison service is not isolated from the community health services and has good links to specialist health services.

Health care should include the continuance of any treatment started before admission, so the second essential is a full assessment of a prisoner's health and related needs as soon as possible after admission. This is important to ensure that the prisoner does not have a medical condition that could affect the health of others, such as TB, and that he/she is not a danger or threat to him/herself or others. The initial health screening is recognized as an extremely important phase in prison health. It ensures that a good assessment of the health status of the prisoner and other needs are noted so that a personalized treatment and care programme can be established with the health team and others. Importantly, it draws attention to prisoners whose health needs are too complex to be managed in that prison, so that steps

can be taken to move the prisoner to a more appropriate institution. This is of great value to those with serious mental illness and/or substance abuse problems, who need to be transferred to a facility with specialized expertise. Furthermore, as it offers the possibility to establish evidence of ill-treatment, the initial health screening constitutes a basic safeguard against torture and any other kind of ill-treatment.

The core of prison health is a primary care service, along the lines of primary care in the community. It is not easy to provide such a service within prisons, as easy access to health clinics is usually not possible. What is possible is for a service to be designed, with the agreement of the staff and the prisoners kept fully informed, to provide prompt access to an appropriate level of care. This includes training and retraining for prison staff in first aid and the management of acute mental illness, and training for non-health staff on how to access acute care when the health care staff are not on site.

The prison health services must also have good access to specialist and diagnostic health services, including hospitals, since prison hospitals are often unable to meet the standards of hospitals serving the population outside. Access has to be carefully planned with prison staff. Plans to meet this need must be made in advance and made known to all staff. These will vary with national policies and local circumstances. The arrangements should be known to the prisoners.

Finally, for health care provision in prison to be sustainable, prison health services should do their best to make arrangements for continuity of care on the transfer or release of prisoners. This requires continuing communication between the health team and the management of prisoners so that all steps can be planned in time and all necessary information can be transferred with the prisoner.

Health protection

Governments have a responsibility to ensure health protection, meaning that prisoners in their care are not exposed to serious threats to their health. Many prisons are old and often overcrowded, so this is quite a challenge. Health training for all staff (as recommended in Chapter 22) should include the social determinants of health, the causes of disease and the determinants and mechanisms of ill health. This should greatly increase their understanding of what should be done for the maintenance and protection of good health. The aim is for all prison staff to work with the health care team so that prisoners are discharged with better health and health resilience than they had on admission to prison. A clear understanding of

the expected roles of the health team and those of other prison staff is important for good collaboration.

The key steps in protecting health include: a reduction of hazards in the environment, a good health screening service, attention to immediate health needs, proper nutrition, exercise in the fresh air if possible, and two important additions to the prison service: where possible, a method of using peer groups in what some prisons have developed as a listening service for drawing attention to prisoners in need, and a good complaints service.

Health promotion

Health promotion is now regarded as an essential part of primary health care. The provision of health information in a manner that prisoners can understand remains an important part of promoting health. But this is not enough not on its own. Prisoners' attitudes to health should be assessed and encouraged, and help given to change unhealthy behaviour such as tobacco use, substance abuse and alcohol abuse.

Prison authorities should ensure that health promotion services are available and that deficiencies, such as any necessary immunizations, can be rectified in prison.

It is well recognized that admission to prison can create considerable pain and distress. Nearly all prisoners are challenged by their loss of freedom. Prison regimes leave scant room for self-determination. This is one of the greatest challenges in prisons, and one which should be the subject of regular staff development and continuing training. It is assumed that all prisoners with serious mental illness are diverted to specialist care, but there may be periods when such prisoners have to remain in their prison. Staff need to be trained in the management of these patients.

Prison authorities should be aware of the pressure on staff from prisoners with special needs. Support for staff and opportunities to discuss particular issues should be part of the service provided. It is critically important to maintain confidentiality in all prison health work; this poses a particular challenge to prison staff, who often feel they have a right to know.

All prisoners need assistance to cope with and control the effects of imprisonment. They also need better preparation for life after discharge. This latter challenge involves the whole prison programme, so that educational deficiencies are at least partially met, work experience has been made available and social skills have been greatly enhanced.

Health resilience

Health resilience can be an important part of the rehabilitation and resettlement process. Only in this way, with health teams working collaboratively with other staff in the prison, can prison health care play a part in reducing inequalities, reducing recidivism and helping to produce a better and healthier community.

Good governance for prison health

The management of prisons and places of detention has become a difficult and challenging task. This is often not recognized in government and society. The complex and widely ranging needs of prisoners, combined with their increasing awareness of their rights and greater expectations as well as (in some countries) access to a good complaints system and to legal assistance, play a considerable part in how best to provide prison health services.

The expert group advising the Regional Office on the policy brief on the organization of prison health concluded that:

- the management and coordination of all relevant agencies and resources contributing to the health and well-being of prisoners is a whole-of-government responsibility;
- health ministries should provide and be accountable for health care services in prisons and advocate healthy prison conditions.

A whole-of-government approach to prison health in the longer term will have beneficial effects such as:

- lower health risks and improved health protection in prisons;
- better health for prisoners;
- improved performance of national health systems;
- better health in deprived communities;
- better public health in the whole community;
- better integration of prisoners into society on release;
- lower rates of reoffending and reincarceration and a reduction in the size of the prison population; and
- increased governmental credibility based on greater efforts to protect human rights and reduce health inequalities.

References

1. *Declaration on Prison Health as Part of Public Health. Moscow, 24 October 2003.* Copenhagen, WHO Regional Office for Europe, 2003 (http://www.euro.who.int/__data/assets/pdf_file/0007/98971/E94242.pdf, accessed 7 November 2013).
2. *Good governance for prison health in the 21st century. A policy brief on the organization of prison health.* Copenhagen, WHO Regional Office for Europe, 2013

(http://www.euro.who.int/__data/assets/pdf_file/0017/231506/Good-governance-for-prison-health-in-the-21st-century.pdf, accessed 9 November 2013).