20. Primary health care in prisons

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Key points

- Prison is a special setting for primary health care. All prison health services should strive to provide prisoners with health care equivalent to that provided in the community.
- The main purpose of health care is patient care. Prison health care is no different. Health professionals in prison also advise prison governors or directors and sometimes serve the courts. They should do so with the greatest possible involvement of their patients, balancing ethics and care within the controlled environment of prison.
- Prisoners and health professionals alike have rights and responsibilities. Professional groups should adhere to national standards of practice and to international rules and recommendations.
- Health professionals should understand and seek to minimize the negative effects of the experience of prison and use opportunities that prison can offer to benefit their patients.
- Prison health services should understand the health needs of their patients and seek to meet these needs to the greatest extent possible within the available resources and norms for the country.
- Mental health, addiction problems and infections dominate most health needs of prisoners. Other types of acute and chronic health condition are also common and deserve attention.
- The primary care service should get to know their patients on admission, care for them during their stay and help to prepare them for release.
- Prison health services should understand the justice and health policies and practices in their facilities and seek to link up with local services and resources, especially regarding the management of people with severe mental illness.
- Every prison should have medical, nursing, dental, psychological and pharmacy services, with administrative support.
- Every prison should have access to an appropriate level of health services at all hours.
- Every prison should maintain a system that accounts for its work, including its assets, resources, processes, key clinical challenges and outcomes, including critical incidents.
- Primary health care in prison is important for the well-being of the patients, all prisoners and the community, for the effectiveness of prison services and the public health of the community.

Introduction

The health care of prisoners is an integral and essential part of every prison's work.

Primary care is the foundation of prison health services. Primary care is the most effective and efficient element of health care in any public health system *(1)* and, as such, should be available to every prisoner. As described in more detail in Chapter 2, prisoners have the same right to health care as everyone else in society.

The purpose of health care

In most respects, the purpose of health care in prison is the same as outside prison. The care of patients is its core function and its main activities are clinical. A full primary care service, however, also includes elements of disease prevention and health promotion *(2)*.

As with primary care in the community, there are secondary duties. Prison health professionals may occasionally carry out other duties and services. They may provide reports to the courts, and reports for when the early release of a prisoner is being considered on general or specific health grounds. In most countries, these processes occur under the protection of laws and regulations. Unless there are exceptional circumstances, such as the potential for damage to a patient or to the interests of someone else mentioned in the report (a third-party interest), patients should be involved in decisions about their health care and the use of personal health information, and be entitled to see and keep copies of reports and correspondence.

Despite the many similarities in health care between prison and the community, there are also differences. Prison brings a loss of freedom which has many consequences for health care.

- Prisoners automatically lose the social component of health, including the loss of control of their circumstances, the loss of family and familiar social support and a lack of information and familiarity with their surroundings.
- The prison environment often poses a threat to mental well-being, especially to the decision-making capacity, and to a sense of personal security.
- In most circumstances, prisoners are unable to choose their professional health care team.
- Similarly, primary care teams in prison cannot select their patients.

- Neither the patient nor the health care team chooses the beginning and end of courses of treatment or of the clinician–patient relationship in general – this is largely decided by the courts.
- Generally, patients who are prisoners need a high level of health care.

The experience of prison

All aspects of prisoners' lives in prison affect their health, not only the quality of the health services provided.

To create the best conditions for good health and effective health care, prisons should adopt a whole-prison approach (see Chapter 21) to the provision of:

- a healthy environment and a culture of care and rehabilitation;
- an atmosphere in which prisoners feel safe in the company of other prisoners and staff;
- opportunities for prisoners to talk to other people in confidence;
- opportunities for properly supervised care, including basic social care for prisoners by other prisoners;
- opportunities, through visits, to maintain family links;
- information about the prison routine;
- ways to keep loneliness and boredom to a minimum;
- adequate food, opportunities for exercise and access to fresh air; and
- sufficient privacy, adequate light, ventilation, heating (and sometimes cooling) and access to sanitation in the cell or barrack;
- basic training for all prison staff on matters of health, health care and the legal duties of care (Chapter 22).

Prison staff and management should be aware of, and educated in, basic health issues, particularly in factors that determine whether a prison environment promotes health. Staff should also be able to spot signs of serious illness and be expert in first aid and management of mental health crisis situations.

The components of primary care

The key components of a prison health service are contained in a section of the *Standard minimum rules for the treatment of prisoners*, produced by WHO and the Office of the United Nations High Commissioner for Human Rights *(2).* The remainder of this chapter is based on this authoritative source. Rules 22–26 cover the medical services that should be available in all prisons:

> 22. (1) At every institution, there shall be available the services of at least one qualified medical officer who should have some knowledge of psychiatry. The medical services should be organized in close relationship to the general health administration of the community or nation. They shall include a psychiatric service for the diagnosis and, in proper cases, the treatment of states of mental abnormality.
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> (2) Sick prisoners who require specialist treatment shall be transferred to specialized institutions or to civil hospitals. Where hospital facilities are provided in an institution, their equipment, furnishings and pharmaceutical supplies shall be proper for the medical care and treatment of sick prisoners, and there shall be a staff of suitable trained officers.
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> (3) The services of a qualified dental officer shall be available to every prisoner.
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> 23. (1) In women's institutions, there shall be special accommodation for all necessary prenatal and postnatal care and treatment. Arrangements shall be made wherever practicable for children to be born in a hospital outside the institution. If a child is born in prison, this fact shall not be mentioned in the birth certificate.
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> (2) Where nursing infants are allowed to remain in the institution with their mothers, provision shall be made for a nursery staffed by qualified persons, where the infants shall be placed when they are not in the care of their mothers.
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> 24. The medical officer shall see and examine every prisoner as soon as possible after his admission and thereafter as necessary, with a view particularly to the discovery of physical or mental illness and the taking of all necessary measures; the segregation of prisoners suspected of infectious or contagious conditions; the noting of physical or mental defects which might hamper rehabilitation, and the determination of the physical capacity of every prisoner for work.
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> 25. (1) The medical officer shall have the care of the physical and mental health of the prisoners and should daily see all sick prisoners, all who complain of illness, and any prisoner to whom his attention is specially directed.
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> (2) The medical officer shall report to the director whenever he considers that a prisoner's physical or mental health has been or will be injuriously affected by continued imprisonment or by any condition of imprisonment.

The primary care journey

At the minimum, primary care interventions are required at the times of highest risk to the health of prisoners, namely on admission and before release. They are also needed to address health matters that arise during imprisonment.

Every prisoner should be seen by a health professional at the time of reception and by a doctor soon after reception.

On first assessment, the following questions should be examined.

1. What are the main health problems for the prisoner as a patient?
2. Is the patient a danger to him/herself?
   - Does he/she have a serious illness, or is he/she withdrawing from a substance misuse dependence or correct medication?
   - Is he/she at risk of self-harm or suicide?
3. Has the patient suffered injury or ill-treatment during arrest or detention?
4. Does the patient present a risk or a danger to others?
   - Does he/she have an easily transmitted disease that puts others at risk?
   - Is his/her mental state causing him/her to be a threat or likely to be violent? Note: prison health professionals should assess the patient's risk to others on health grounds alone.

Every prisoner should be assessed, or his/her health care reviewed, after a suitable period of settling into prison, as follows.

1. Are any immediate health problems (questions 1 and 2 above) under control?
2. Do the problems require more detailed assessment and a treatment plan?
3. What is the past record and wider assessment of this person's health?
4. Does the person need specialist assessment, treatment plans or further reports?
5. Does the person need an integrated care plan for several problems, for instance, for mental health and dependence problems?
6. Who will take action on the care plans?
7. What can be done by:
   - the patient
   - the health care team
   - secondary or specialist care
   - the rehabilitation team
   - the prison generally?
8. Are there other key determinants that influence the patient's health and well-being, such as housing, welfare or family matters?

Primary health care in prison should be accessible to all prisoners when they request it, according to their requirements. The needs of long-term prisoners should be reviewed regularly and care and treatment goals agreed with them.

Each patient should receive help in preparing for release and should be put into contact with primary care services in the community.

Prison health care resources

Prisons should recognize that most prisoners need a considerable amount of health care *(3)*. Adequate resources should be channelled to prison health care services to provide prisoners with a standard of health care that is at least equivalent to that provided in the community. Further, it is important for prisoners to take advantage of the opportunity that imprisonment represents. Many come from marginalized and poor communities and are in poor health. Because prison health is integral to good public health, effective health care in prison ultimately reduces the health risks to people in the community.

All prison systems receive people who:

- are marginalized, poor, homeless or out of work, with mental health and dependence problems;
- have led a chaotic life, without access to proper and regular health care, and have co-occurring health problems; and
- have health care needs requiring specialists from some disciplines, including infectious diseases, dentistry, psychiatry and psychology, optometry and pharmacy.

The provision of adequate primary care in prisons ideally leads to a narrowing of the health gap and to promoting equity in health *(4)*. Prisoners can gain access to care for known conditions that may not otherwise be available to them in the community such as mental health care, dental care and management of long-term conditions. Primary health services can offer an opportunity to assess, detect and treat serious illnesses, especially mental health, infections and dependence problems.

Common problems encountered in primary care practice in prisons

Primary care in prisons has to deal with a very wide range of common problems. Prisoners have a higher likelihood of almost any clinical problem compared with the general population, in line with their socioeconomic conditions and drug and alcohol use. No conditions are unique to prison, but many are more prevalent among prisoners, including suicide risk, addictive disorders, mental disorders and bloodborne communicable diseases *(3)*. Some conditions can be promoted by prison conditions (often for the worse), such as airborne infection, shared injecting equipment, anxiety, depression and other mental health problems. Clinicians should always be vigilant for signs of recent injury and seek to establish the cause.

Common problems in prison health care practice include the following.

- Physical problems include:
  - dependence (drugs, alcohol, tobacco);
  - communicable diseases;

  - oral diseases;
  - chronic medical disorders (diabetes, epilepsy, diseases of the reproductive system, cancer, and heart, lung and liver disease).
- Mental health problems include:
  - low mood or self-confidence (self-esteem and dependence on, for example, drugs or alcohol);
  - anxiety;
  - depression;
  - severe mental disorders;
  - post-traumatic stress disorder.
- Co-occurring problems include:
  - vulnerability (people with a learning disability, brain injury or learning difficulty resulting, for instance, from autistic spectrum disorder or dyslexia);
  - the nature of the sentence (harm against women, offences against children, bullying or recollection of being a victim of abuse);
  - personality disorder;
  - physical and mental trauma and stress;
  - sensory, motor or cognitive disability;
  - social determinants of poor health.

Prison health care services must be able to address the following priority areas:
- access as necessary to an appropriate level of care;
- continuity and coordination of care;
- adequate recording and transfer of medical information;
- standardization of care for acute and chronic conditions, based on scientific evidence;
- attention to patient safety to minimize risk of harm;
- the health needs of special populations, including women and elderly and disabled people.

All health care services should be proficient in, or have ready access to, specialists in mental health care and drug dependence.

Mortality among the population involved with the criminal justice system is much higher than among their peers in the community, with the greatest risk to life immediately after release from violence, self-harm, or drug and alcohol intoxication *(5,6)*. Primary and specialist services should work closely to prepare prisoners for release and find support thereafter.

Building blocks for primary care in prison

The quality of primary health care in prison depends on many factors:
- the total resources available to the prison system;
- the state of development of primary health care in the community, including entitlement to dental, pharmacalogical and clinical investigations, and the fluidity with which prisoners can intersect with community health care resources (where medically appropriate);
- the development of mental health care in the community, specifically forensic psychiatry and addiction treatment; and
- the qualifications and experience of prison-based health professionals.

Within a prison, the factors that affect the quality of care include:
- the size of the prison population;
- the commitment of the governor or director to the health care of prisoners;
- the professional independence of doctors and clinical managers from the prison management;
- the population dynamics of the institution, including length of stay;
- gender;
- special health care needs, including for LGBT, young and older people, people with a spectrum of disabilities and non-native speakers *(7)*.

Women have specific needs for care and protection in prison *(7,8 Rule 10)*. Their needs and rights have been highlighted in Chapter 18, with supporting documents ratified by United Nations agencies. Wherever possible, women should receive medical treatment from women nurses and doctors. A female prisoner is entitled to have her request met that she be examined or treated by a female physician or nurse. The prisoner's preferences should also be taken into consideration in the medical establishment to which she is referred. If these arrangements are not possible, there must be a female supervisor during her examination in line with the prisoner's request. The prisoner should not be obliged to explain the reasons for her preference.

Measuring performance in health care

Performance measurement is critical to the development and maintenance of high-quality health care services. The ability to measure performance depends on: (i) the resources allocated to prison health care; and (ii) the prison's capacity for recording information and for having achievable and recognized standards for good practice that are aligned with the country's public health system.

Key areas for measuring performance are:
- adequate facilities and medical equipment;
- equivalent standards and links with public health services for consultations and transitions;
- knowledge of the population-based distribution of risk and disease;
- a supportive prison culture;

- adequate staffing;
- compliance of clinical performance with evidence-based guidelines;
- a focus on public health and health protection;
- a focus on health promotion;
- functional health information systems and transfer of information.

Performance depends on adequate facilities and processes that allow prisoners to access health resources easily. This is an important matter, dependent on security staff being able to escort prisoners and to provide safety and assurance for health care staff. On balance, facilities should allow for protection of confidentiality and privacy, with assessment and diagnostic facilities that match the skill and capacity of the public health service. More complex primary care services can include day care and inpatient accommodation. Facilities should be adequate to deliver care, including of sufficient size and cleanliness, with equipment, natural light, good access for people with disabilities, and meeting, reference and administrative facilities.

Equivalence to public health services requires national prison health care services to adhere to national codes of professional practice, standards of quality of care and regulatory matters. A positive aspect of demonstrating such equivalence is to use the same measures of quality assessment for prison services as for:

- local public health services;
- national medical and professional institutions, colleges, academies and independent prison inspection teams;
- international organizations and comparable prison systems.

Prison health services require the capacity to record and understand the health needs of prisoners and to provide care with:

- resources that are sufficient to meet patient needs;
- a prison culture that supports the health service and the access of prisoners to health care;
- links to other rehabilitation and care resources in the prison, between prisons and, following release, in the community.

The prison director's leadership is vital in creating an environment in which prisoners and staff members value good health, feel safe and support each other. There should be a culture of respect and entitlement with:

- a humane health professional culture that respects patients' confidentiality and privacy and their right to health care equivalent to that sought by the general public;
- links to other functions of the prison;
- an effective comments and complaints system when things go wrong;
- a sustained commitment to limiting the illegal supply of and trade in alcohol and illicit and prescription drugs.

Competencies of and support for prison clinical staff

Quality of care should be ensured through the following factors.

- Medical practitioners working in prison should strive to have expertise, at least in general medical practice, mental health, addictions and infection control. These skills should be reflected in health care staff from other disciplines.
- Dental practitioners should be well trained in severe dental disease.
- Large establishments with specialist facilities (such as hospitals and day care) should have adequate staffing levels and skills to deal with seriously ill patients.
- Prisons that contain women or young people should employ practitioners with skills that are sensitive to the particular conditions of these groups, including the care of women and young children.
- All health care professionals should be properly trained in the constraints of clinical practice in a prison, including the need for high standards and consistent practice, teamwork skills, good judgement in prescribing potentially addictive or mood-altering drugs, and adherence to policies designed to uphold the confidence of vulnerable people who are patients in prisons.

There must be sufficient time:

- to assess and treat patients;
- to meet as a health care team;
- to maintain professional development and networks of fellow professionals with common interests and to operate a method of appraisal that demonstrates that staff are learning in carrying out modern practice;
- to support active teaching and training programmes; and
- to have the capability to deliver care that meets modern standards.

The primary care service should have access to or skills or capacity in public health and health protection matters, including to the *Standard minimum rules for the treatment of prisoners (2)* as follows:

> 26. (1) The medical officer shall regularly inspect and advise the director upon:

(a) the quantity, quality, preparation and service of food;

(b) the hygiene and cleanliness of the institution and the prisoners;

(c) the sanitation, heating, lighting and ventilation of the institution;

(d) the suitability and cleanliness of the prisoners' clothing and bedding; and

(e) the observance of the rules concerning physical education and sports, in cases where there is no technical personnel in charge of these activities.

(2) The director shall take into consideration the reports and advice that the medical officer submits according to rules 25(2) and 26 (see Box 4.1) and, in case he concurs with the recommendations made, shall take immediate steps to give effect to those recommendations; if they are not within his competence or if he does not concur with them, he shall immediately submit his own report and the advice of the medical officer to higher authority.

Methods of self-critical review of critical incidents should be in place for key events such as deaths in custody, deaths following custody, infectious disease outbreaks, suicide prevention programmes and people with serious mental illness.

Health protection and promotion as part of primary medical care in prison

Health promotion is an important part of the work of the prison health care service.

- Health care professionals should be: educated, aware and demonstrate high standards of hygienic practice; capable of assessing the cleanliness of patients and all prison facilities; and aware and capable of operating effective TB control, including auditing the results.
- Effective control procedures are needed to limit the transmission of bloodborne viruses and STIs.
- There should be a smoking control policy for health centres, prisoners and staff throughout the prison.

A service should be developed that incorporates health promotion into the wider work of the prison, such as:

- encouraging people to acquire basic life skills;
- encouraging training for employment and purposeful activity;
- locating suitable accommodation after release;
- linking with welfare programmes and entitlements after release;
- encouraging participation in programmes to help people stop taking illegal and harmful drugs, smoking tobacco and drinking excessive alcohol; and
- encouraging people to exercise regularly and to learn to prepare and enjoy foods that provide a balanced and nutritious diet.

Key background factors that are important for health promotion for prisoners include:

- social, economic and life determinants of lifestyle health problems;
- overcrowding, smoking, drugs and dependence;
- ethnic diversity, language and religion in the context of drugs and mental health;
- disability, especially intellectual or developmental disability or brain disease;
- alcohol and dental health;
- nutrition and infections;
- poor hygiene;
- sexual health and chronic conditions;
- chaotic, unstructured lifestyles;
- abusive relationships;
- poor educational attainment;
- personality disorders;
- lack of assets or social capital;
- history of past abuse;
- poor family cohesion, parenting and supportive relationships.

Health services in prison should ensure that patients' health records are kept at a high standard, equivalent to best practice in the national public health service, and including:

- practical processes for recording, recalling and sharing clinical information to support the care of the patient;
- standard methods for reporting to the prison director, national prison services and outside organizations on the work of prison health centres and accounting for the delivery of health care, using anonymous data extracted from health care records;
- a comments and complaints system for patients both to correct apparent faults and to learn from their experience.

Prison health care should have good links with public health services outside the prison, for many reasons, including:

- assuring the continuation of treatment for patients coming into prison;
- securing primary care services, mental health and addictions care and other continuing care following release from prison;
- ensuring access to specialist services, including secure forensic psychiatry facilities for those who require it;
- ensuring access to specialist public health help in the event of an incident or outbreak;

- ensuring that prison health care staff can access and benefit from education and training opportunities; and
- allowing for the sharing of clinical information between health professional staff for the purpose of direct patient care, in accordance with the patient's wishes and with good practice in ensuring confidentiality.

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