

21. Promoting health in prisons: a settings approach

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Key points

- Prisoners tend to have much poorer physical, mental and social health than the population at large.
- Health promotion and the prevention of disease for this group should be based on an assessment of health needs.
- The quantity and quality of service should be at least equivalent to services offered in the outside community.
- A whole-prison or settings approach to promoting health draws on three key elements: (i) prison policies that promote health (such as a smoking policy); (ii) an environment in a prison that is supportive of health; and (iii) disease prevention, health education and other health promotion initiatives that address the health needs assessed within each prison.
- A policy framework needs to be in place at national and local levels to support this type of work.
- Prison health services have the chance to engage those who are hard to reach.
- The needs of prisoners should be considered together with those of staff, where appropriate, especially in such areas as smoking restrictions and smoking cessation.
- All staff members need to be made aware of their potential roles in promoting prisoners' health and should be trained and supported in these roles.
- The potential for using prisoners as effective peer educators has been demonstrated in many countries and can be of great value.

Introduction

In addition to providing health care, prisons should also provide synergistic health education, patient education, prevention and other health promotion interventions to meet the assessed needs of the prison population. Indeed, the whole prison regime and environment should demonstrate a commitment to health and well-being through supportive policies and practices. To underpin and support health promotion activities in prisons, there is a need for integrated and joined-up health services across the whole criminal justice system, including adequate throughcare and support with broad resettlement needs. Good health and well-being are key to successful rehabilitation and resettlement (1–3).

This chapter offers guidance to help those working with prisoners to:

- build the physical, mental, social and spiritual health of prisoners (and, where appropriate, the staff) as part of a whole-prison approach;
- help prevent the deterioration of their health during or because of custody; and,
- help them to adopt healthy behaviour patterns that can be taken back into the community.

A whole-prison approach to health promotion is advocated, with extended use of evidence-informed health promotion initiatives.

Challenges and opportunities

In general, the prison populations in Europe come from sections of society with high levels of poor health and social exclusion. Prisoners tend to have poorer physical, mental and social health than the general population (2–5). Their lifestyles are more likely to put them at risk of ill health. Many prisoners have had little or no regular contact with health services before entering prison. Mental illness, drug dependence and communicable diseases are the dominant health problems among prisoners (6).

Prison authorities should regularly assess the health needs of their populations, and ensure that health promotion and prevention programmes provided to prisoners meet their exact needs (7). The prison environment presents special challenges in the promotion of health.

The prison environment often undermines the values aligned to health promotion, such as empowerment (1). At the individual level, prison takes away autonomy and may inhibit or damage self-esteem. Common problems in prisons include bullying, boredom and overcrowding. Social exclusion on release from prison may be worsened as family ties are stressed by separation while in prison.

A health-promoting prison may, however, be instrumental in tackling health inequalities and reducing social exclusion (3), and present significant and useful opportunities for health promotion (8).

- Prison can offer access to disadvantaged groups that would normally be considered hard to reach. This creates an opportunity to address inequality in health by means of specific health interventions, and to lessen the impact on prisoners' health and self-reliance from years of disadvantage and personal neglect through, for example:

- developing their capacity to improve personal skills, abilities and education;
- improving the physical and social environments of the prison and their impact on mental well-being;
- improving the management of the prison and daily prison regime;
- establishing synergistic models of working with the external community.
- Prison is sometimes the only opportunity for an ordered approach to assessing and addressing the health needs of prisoners who have led chaotic lifestyles prior to imprisonment. It is, therefore, important to provide information, education and support in building the skills, confidence and self-esteem necessary for individuals to be empowered to make choices relating to health.
- Prison is a home to prisoners and a workplace to staff. Wherever possible, initiatives to promote the health of staff should be encouraged – both for their own well-being and in recognition that a healthy and motivated workforce is more able to promote the health of prisoners.
- Each prison has the potential to go beyond the delivery of specific health promotion interventions and to work towards being a healthy setting, that is, adopting a whole-prison approach to addressing physical, mental, social and spiritual health (9).
- The development of an ethos and environment supportive to health is fundamental to the creation of a health-promoting prison, together with a participatory process that responds to assessed needs and harnesses assets across the whole prison community so as to promote well-being.

The health promotion needs of prisoners

An assessment of health needs lies at the heart of successful interventions and useful outcomes. This can be done by examining the epidemiological evidence and talking to the stakeholders (prisoners, doctors, health care staff, education and other prison staff).

The following lists provide a starting point for needs assessment in prisons (7). They focus both on defined health needs and on wider policy and practice (such as in the area of smoking policy) with the potential to have a more favourable impact on prisoners' health and well-being. This demonstrates the move from a biomedical perspective towards a more holistic and social model of health that is aligned to the whole-prison approach, with its more joined-up organizational response.

All prisoners are likely to need:

- appropriate screening for and advice on preventing communicable diseases (such as STIs, HIV and hepatitis);
- advice and education on high-risk lifestyles (relating, for example, to illegal drugs, alcohol, smoking and passive smoking);
- support in adopting healthy behaviour (for example, increased levels of physical activity and a balanced diet);
- measures to promote mental health (for example, for social interaction, meaningful occupation and building and maintaining strong family relationships).

Many prisoners are likely to need:

- training and support in psychological skills (such as cognitive behaviour, self-esteem and anger management);
- education in health and empowerment (including information about risk factors and behaviour, the development of decision-making skills and support in becoming more empowered);
- development of life-skills (for, for example, looking for work, employability and parenting);
- specific health promotion interventions (such as peer support, mentoring and smoking cessation).

Some prisoners are likely to need:

- education related to specific illnesses (such as HIV and TB), including the options for treatment and prevention of transmission;
- immunization (TB, pneumococcus, hepatitis, influenza);
- advice on specific conditions (diabetes, epilepsy, asthma, sickle-cell disease);
- access to cancer prevention and advice and services for early detection;
- special treatment programmes (for example, protection from gender-based violence);
- gender-specific health care treatment and programmes.

A whole-prison approach: a vision for creating a health-promoting prison

Evidence from other healthy settings initiatives (such as Healthy Hospitals, Healthy Cities and Healthy Schools) has increasingly shown that effective programmes are likely to be complex and multifactorial and involve activity in more than one domain (10). Thus it is important to apply the healthy settings model to criminal justice and develop a whole-prison approach if health interventions are to have a chance of success (Boxes 4, 5).

The settings approach is rooted in core values and characterized by an ecological model of public health, a systems perspective and a whole-organization focus (11,12). When this framework is applied to the criminal justice system, it is clear that a health-promoting prison is one that is also safe, secure and reforming, and is underpinned by a commitment to participation, equity,

Box 4. Development of a whole-prison approach through a multidisciplinary team at a prison in the United Kingdom

At Risley prison (a medium security “training prison” for about 1000 men), a three-year health promotion strategy was developed, using a whole-systems approach to improving and promoting health. A multidisciplinary team of committed prison staff and external partners, together with prisoners, developed the Healthy Prisons health improvement plan to embed a whole-prison approach to health and well-being. This group also monitors the effectiveness of interventions and projects. In addition to a broad range of health services reflecting those available in the local community and mirroring the topics advocated in *Prison Service Order 3200 – Health Promotion (13)*, the prison has focused attention on particular areas, such as prisoners as peer educators and interventions to help prisoners deal with being in prison.

Box 5. A holistic health project that develops self-esteem through horticulture and growing food

Styal is a prison for female offenders, with an average daily population of up to 460 prisoners serving mainly short sentences or awaiting trial. It is one of the largest women’s prisons in the United Kingdom (England and Wales). Approximately 80% of the women originate from the north-west of England; 50% are primary carers or mothers (around 55% of women in prison have a child aged under 16 years, 33% have a child under 5 years and 20% are lone parents); 40% are in custody for the first time; 75% have significant literacy or numeracy problems; and 80% have serious drug and addiction problems.

The prison is running a horticultural project called Grow Your Way to Personal Success with a small number of adult and young offenders, funded as part of the Big Lottery Fund, Target: Well-being programme. It is a three-stage project that focuses on growing produce, using it in the prison’s self-catering houses in educational cookery sessions and developing learning cards so that prisoners can pass on what they have learnt to other people in the prison and to families outside the prison. Bee-keeping and recycling are also key features of this project.

The project has prison-wide commitment as well as community-based partnerships that are enabling prisoners to develop life and social skills (such as those fundamental for employment and independent living), improve their literacy and numeracy and increase their qualifications. It has also had a positive impact on their health and well-being, particularly mental well-being, by encouraging resilience, confidence, self-esteem and reductions in self-injury.

In addition, the prison gardens have become a focal point for visitors to the prison, for staff to relax during breaks and for prisoners (both those who work there and those who visit), with a recognizably positive impact on prisoners’ mental well-being (they sleep better and are less anxious and more relaxed) and physical health (through exercise).

partnership, human rights, respect and decency. The concept of decency is a particularly important foundation for promoting health because it underpins all aspects of prison life. This means that:

- prisoners should be offered treatment that respects the law;
- promised standards should be delivered;
- facilities should be maintained that are clean and properly equipped;
- prompt attention should be paid to prisoners’ proper concerns;

- prisoners should be protected from harm;
- prisoners should be provided with a regime that makes imprisonment bearable;
- staff should be treated fairly and consistently (9).

An ecological model of public health means understanding health as a holistic concept determined by a complex interaction of environmental, organizational and personal factors, that requires prisons to be committed to supporting the health and well-being of prisoners and staff through their systems and structures.

A *systems perspective* means acknowledging that the various parts of the prison system (and not solely the health care service) work together over a wide range of health and social issues and across the wider offender pathway of the criminal justice system before, during and after prison.

A *whole-system focus* means using organizational development to introduce and manage change throughout the prison, with a concern to:

- ensure living and working environments that promote health and effectively rehabilitate prisoners;
- integrate health and well-being within the culture and core business of the prison; and
- forge connections to the wider community.

In putting this healthy settings framework into operation, a strategic approach for health-promoting prisons could comprise three elements:

- creation of an environment within each prison, through procedural and capacity-building measures, that is supportive of health and the concept of decency (that is, making sure that the prison regime in general supports prisoners' well-being);
- implementation of policies that specifically promote the health of staff and prisoners (in areas such as taking exercise or reducing or stopping smoking); and
- delivery of disease prevention, health education and other health promotion initiatives that address the health needs in each prison (for example, using motivational interviewing with individual prisoners to help them adopt healthy behaviour) (9).

A national approach: United Kingdom Prison Service Order 3200

Prison Service Orders are mandatory for prison governors, who have to apply them in their own prisons. *Prison Service Order 3200 – Health Promotion* is a high-level policy instruction from the Prison Service for the United Kingdom (England and Wales) to encourage a whole-prison approach to creating a health-promoting prison. It states the following (11):

Governors, working in partnership with the National Health Service, must ensure that ... they have included health promotion considerations adequately and explicitly within their local planning mechanisms ... The Health Promotion Section in the local plan must specifically address, as a minimum, needs in the five major areas:

1. mental health promotion and well-being
2. smoking
3. healthy eating and nutrition

4. healthy lifestyles, including sex and relationships and active living
5. drugs and other substance misuse.

These areas of health and well-being should reflect a process of health needs assessment and not just health care needs assessment, and should involve a whole prison approach. Consultation should represent a wide variety of professional stakeholders, and prisoners must also be involved in this process.

Prison Service Order 3200 has helped to raise the profile of health promotion and the important contribution prisons can make to public health in the United Kingdom (England and Wales).

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