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Placing the promotion of health and well being on the Irish prison agenda - The complexity of health promotion in Irish prisons

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Abstract

The prison population experiences significant health inequality and social exclusion (Department of Health 2002). Once incarcerated, prisoners are at increased risk of mental illness and have higher exposure to communicable diseases (WHO 2008). Prisoners generally have poorer health because imprisonment negatively impacts upon the health of the individual (WHO 2008). However, the prison setting offers a unique opportunity to implement targeted health promotion initiatives with a population that may have had very limited experience of accessing health services prior to incarceration. The World Health Organisation recognises the need for health promotion in prisons. This is evidenced in the Health in Prisons Project (HIPP), the aim of which is to support member states in improving health and health care in prisons, and to facilitate the links between prison health and public health systems at both national and international levels. In practice however, implementation of the HIPP is complex. This paper examines the challenges in promoting health in prisons globally and in Irish prisons specifically, given that the prison setting is omitted from the Irish National Health Promotion Strategy. Based on a qualitative research design that incorporated semi-structured interviews with a purposive sample of twelve leading figures in prison policy in Ireland, this paper discusses the need for health promotion interventions in Irish prisons. The paper also discusses the influence of organisational culture on attitudes of prison staff towards engaging in health promotion with prisoners and explores the problems posed by lack of national policy and funding for health promotion initiatives in the prison setting.

Keywords: prisons; health promotion; equity; mental health

Introduction

Prisons are generally unhealthy places and it is widely accepted that imprisonment impacts negatively on the health of the individual (WHO, 2007). Those who become incarcerated for any length of time tend to originate from the lowest socioeconomic groupings and have complex and diverse health needs (DeViggianni, 2007; WHO, 2009). The majority of prisoners will have experienced adverse health determinants such as poor educational attainment, illiteracy, substandard housing and high unemployment. The prison environment is complex and those incarcerated are disempowered by a system whose primary function is to maintain security and punish offenders. As a result, prisoners maintain minimal control over their own health needs and may be subject to deteriorating health over the period of their incarceration. The greatest threats to prisoner health, both in Ireland and across Europe, emanate from

illicit drug use, communicable diseases and mental ill health (WHO, 2009; WHO, 2010).

The prison environment is a high-risk environment for the transmission of communicable diseases, namely HIV, Hepatitis C, and Tuberculosis (WHO, 2007) mainly due to structural conditions within prison systems such as over-crowding, lack of sanitation and limited access to healthcare services (WHO, 2009). From a public health perspective, communicable diseases tend to spread more rapidly among groups and communities that experience high levels of socioeconomic disadvantage, many of whom may subsequently enter the prison system (Northern Dimension Partnership in Public Health and Social Wellbeing (NDPHS), 2008). As a result, prisoners become more susceptible to communicable diseases because they have no control over their environment or the individuals they interact with (WHO, 2009). Communicable diseases such as HIV and Hepatitis C are more prevalent in prison systems due to lifestyle factors which prisoners may engage in such as the injection of drugs without sterile equipment, sharing of syringes, unsafe tattoo equipment and engaging in unsafe sexual practices (WHO, 2009). Hepatitis B, C and HIV are on the increase among the prisoner population in Ireland, with this attributed to practices related to substance misuse (Department of Justice, Equality & Law Reform, 2000; Long *et al.*, 2005; WHO, 2005). Prisoner health is a public health issue and it is of note that the spread of communicable diseases within the prison environment has consequences for the health of the general population also. Current recidivism rates in Ireland indicate the risk that almost fifty per cent of released prisoners will be serving a new prison sentence within four years of release (O'Donnell *et al.*, 2008). Prisoners are significantly marginalised and are a particularly vulnerable group within our society. Ironically, were the national policy to actually promote health gain for those incarcerated, then potentially imprisonment could provide a unique opportunity for targeted health protection and health promotion measures that could benefit not only to those incarcerated, but also have a wider impact on the broader families and communities also.

Prisoners are at increased risk of mental ill health, with prisons potentially at real peril of becoming asylums for the mentally ill (WHO, 2008). For many prisoners whose reason for incarceration is linked to addiction and/or to poor mental health it is evident that their needs could be more appropriately met in non-custodial settings. In a significant number of instances, the presence of mental and/or emotional disturbance is the catalyst for an individual becoming involved with the criminal justice system. However, those for whom mental and/or emotional disturbance is not the root cause for detention, it is the imprisonment itself and the associated challenges such as detachment from family and/or friends coupled with isolation that can become the catalyst for decreased mental and emotional well-being. Internationally, at least one million prisoners suffer from a significant mental disorder, with significantly more suffering from depression and anxiety (WHO, 2008). Those incarcerated in prisons are also at increased risk for mental health disorders and suicidal ideation at a rate disproportionately higher than in the general community (Casey, 2007; Frottier *et al.*, 2007; Lines *et al.*, 2005; WHO, 2009). For example, in Ireland currently twenty seven percent of sentenced men and sixty percent of sentenced women are suffering from some form of mental illness (Kennedy *et al.*, 2005). While recent initiatives have succeeded in diverting mentally ill individuals away from the criminal justice system to

non-custodial alternatives (Irish Penal Reform Trust, 2012), sentenced prisoners in Ireland are still at increased risk of mental ill health while incarcerated.

With the increase in the prisoner population in Ireland (IPRT, 2010), there is clearly a pressing need for targeted health education and promotion programmes within the prison system. While a whole-prison approach to promoting health is desirable, health inequalities in the prison setting can only be addressed through a multidisciplinary and multisectoral approach, with coordination of service provision between the Irish Prison Service, the Health Service Executive and the Department of Health and Children. The demands of primary healthcare provision within the Irish prison system have led to the creation of a reactive healthcare service, with little opportunity to engage in proactive measures such as health education and promotion (HSE, 2009). The prevalence of and focus on security measures within Irish prisons acts as a barrier for those wishing to seek medical care, as prisoners are reluctant to access health services if they have to do so through prison security rather than healthcare staff (HSE, 2009). Prison healthcare providers also report being professionally isolated and marginalised within the prison system, a factor that has been compounded by the peripheral role of the HSE with regard to healthcare provision in Irish prisons (HSE, 2010). There is some ambiguity in relation to the role of the Department of Health and Children specific to healthcare in Irish prisons, given that prisons (setting and population) were omitted from the National Health Promotion Strategy 2000-2005. The failure of the IPS, HSE and Department of Health and Children to implement an adequate healthcare system in Irish prisons that provides a service equivalent to that of the general community has, in effect, tasked healthcare providers in Irish prisons with implementing a strategy that was not in any way tailored to meet the needs of arguably one of the most vulnerable and marginalised population groups in Irish society. It was in this context that the aim of the research was to explore the challenges and opportunities faced by prison authorities in implementing a health promotion strategy that makes no reference to prisons or prisoners as a targeted group for health promotion action. This paper will delineate the methodological approach undertaken for the study. It will identify the perspectives of experts in the field regarding the role and complexity of health promotion in Irish prisons. The discussion will advocate the need for targeted health promotion in Irish prisons making the case that in doing so health equity can be achieved for prisoners.

Methods

Design and Sample

A qualitative research design was decided upon in order to examine the lived experience of experts in the field of prisoner health and well being, in particular to make sense of the meanings that people themselves ascribe to that which is under investigation (Denzin & Lincoln, 1998, p. 3). Semi structured interviews were conducted with key personnel both within the Irish Prison Service and those who work to advocate on behalf of prisoners in relation to health and health promotion in prisons. The researchers employed an approach that paid attention to the unique nature of prison reality. The researchers wanted to portray as accurately as possible the challenges and opportunities for health promotion in prisons. The researchers also wanted to gain a deep understanding of the organisational culture of the prison and its influence on health. It was deemed important to respect the values of the organisation. The

researchers were careful to illuminate personal and human experience; and to reflect the reality for the interviewees as accurately as possible.

Purposive sampling was used in order to access participants who have in-depth knowledge about particular issues (Cohen *et al.*, 2007). It is not intended to generalise from this research, however, the findings illuminate some of the issues surrounding health promotion in prisons. In total fourteen interviews were conducted. The research participants included: the Director of the Irish Penal Reform Trust, the Deputy Director of the International Harm Reduction Association, the governor of a large Irish prison, three practitioners involved in healthcare provision within prison settings, three head teachers experienced in prison education, two chaplains working within prison settings, two prison welfare officers and one member of the Welfare and Probation Service.

Analytic strategy

Data analysis was carried out using thematic content analysis (Hsieh & Shannon, 2005). The benefit of using this method was that it facilitated the researchers to interpret social reality in a subjective but scientific manner (Zhang and Wildemuth, 2009). When organising the data, thematic networks were used to organise the responses of the participants (Attride-Stirling, 2001). Thematic analysis unearths themes that exist at different levels within the text, and thematic networks then facilitate the structuring of those themes. The data were classified into three thematic categories or networks; basic themes, organising themes and global themes. A basic theme was the first level of data analysis, usually a statement of belief around a specific topic, an organising theme was used to organise the basic themes into clusters while a global theme gave the larger perspective contributing by organising the themes into the final argument (Attride-Stirling, 2001). Given the focused nature of the study, the relatively small geographic reality of the island of Ireland and the national profiles of some participants, quotations are not attributed to their owners in order to safeguard anonymity.

The study received ethical approval from the Research Ethics Committee of the Department of Educational and Professional Studies, a subcommittee of the University of Limerick Research Ethics Committee (ULREC).

Results

The following section will outline the results from the data collection process. It will begin by outlining the diversity of influences on prisoner health with particular emphasis on the mental health of prisoners. It will then show that the prison environment itself was perceived to exacerbate the health problems of prisoners. Following that, it will examine substance use as being of particular concern. Finally, this section will show that participants were keenly aware of the problem posed by lack of specific focus on the prison as a setting for the promotion of health.

Influences upon the health of prisoners were understood by respondents to be clearly diverse and were believed to be more extreme than the general population:

So many people who wind up in prisons come from living situations or other situations where their determinants of health are very poor. As a result, people

in prisons tend to have more extreme and more difficult and more complex, multi-faceted healthcare needs.

The mental health of prisoners was a key concern for all those interviewed:

In many countries people with mental health problems seem to fall through a lot of the cracks in the social safety net and end up being warehoused in prisons; that's a pretty common feature of what I've seen from talking to people in other countries or visiting other prisons.

I think there's a lot of ignorance around mental health, and I think even for fellows to be made aware of mental health issues, because very often, prisoners who are portraying with slight oddities or differences are very often picked on.

Research participants asserted that individuals suffering from a mental illness should be dealt with in the community in a more therapeutic setting, rather than serving a custodial sentence in an environment that they believe actively exacerbates mental illness. It was perceived that confinement facilitates a level of depression and anxiety in prisoners that they may never have otherwise suffered:

It's the mental side that's the most dangerous and the deprivation that comes from being cut off from social circles, friends, neighbours, their peers and their relationships, particular relationships with their partners and their children causes a huge amount of stress.

The prison environment was seen to exacerbate health problems for prisoners:

In many parts of the world, including Ireland, there are issues of environmental health caused by poor prison conditions. The effects of overcrowding; the lack of space or lack of adequate sanitation, lack of proper diet. All those things contribute to health problems in otherwise healthy people, and can certainly make pre-existing health conditions either worse or more difficult to treat.

While these illnesses often originate in the community, they are perceived to be aggravated by incarceration. Participants pointed to the belief that individuals often enter prison with limited prior access to health care in the community; some may even lack basic health literacy to allow them to access the care they need. But the prison was also perceived as an environment that can provide people with an opportunity to access the care they need:

Predominantly the people we get into prison are people who have pretty tough lives in terms of maybe diet, in terms of care, generally, and healthy living. And many of them would have neglected themselves and been neglected medically, emotionally, psychologically maybe throughout their lives.

A lot of those prisoners have no GP on the outside, haven't seen a dentist for years ... and when they come in here they've access to a GP 24 hours a day, they see a psychologist ...

However, it was suggested that prison staff may over-estimate the amount of knowledge that prisoners have in relation to health issues:

We overestimate the knowledge that we think people have, and it never shocks me that you actually have to go back to the very fundamentals for a lot of the fellows...a lot of them have been early school leavers, have had very poor school attendance ...

The need for realistic perspectives on the promotion of health was cited as important:

And then for some how do you maintain a good, healthy outlook on life when your life is so chaotic? Is it important when you're living from hand to mouth?

Participants were unanimous in their assertion that living conditions within the prison setting are not conducive to the maintenance of good health:

There are issues of environmental health caused by poor prison conditions. You know the effects of overcrowding; the lack of space or lack of adequate sanitation, lack of proper diet.

Substance misuse and mental health issues were seen as posing a significant threat to the health and well-being of prisoners. Current harm reduction measures employed by the Irish Prison Service were identified but it was clear that participants feel more is needed. While the use of drugs, both prescription and illegal, was of concern to all of those interviewed, lack of education in relation to the dangers of misusing both prescription and illicit drugs was cited as a key issue:

But it's fairly clear that there's a disproportionate drug problem in the prison system, so I wouldn't say that it's a reflection of what goes on in broader society.

But even the drug round, you know they get medication and they're being counselled about the drugs that they're getting, and you're up there dispensing the drugs and they're doing everything to try and conceal them and to take them away and give them to somebody else.

The perceived increased use and availability of heroin was also cause for concern, but it was noted that heroin users in the prisons appear to be moving away from injecting drug use:

We have noticed in the last twelve months or two years a huge change in culture; they are still using heroin but they are not injecting it, they are obviously inhaling it or they're smoking it or whatever way they're doing it.

The benefits of methadone maintenance programmes were highlighted by the interviewees; however, it was noted that methadone is not suitable for all substance abusers so in many cases those who are addicted to substances other than opiates find their treatment options limited. Acknowledgment of methadone as a short term solution

was outlined because *“in the longer term, it doesn’t deal with the addiction, as such, because the person still has an addiction - he or she has now developed a dependency on a substitute drug”*.

Concern was expressed for the health status of individuals upon release, especially if they are returning to an unstable environment. Therefore, returning to communities with few supports can often lead the individual to return to a cycle of crime and health risk behaviours.

The lack of a coherent national policy specific to the health of prisoners was identified as a significant gap whereas the policy focus is predominantly on capital projects. This was deemed problematic by one interviewee who stated:

The issue of providing healthcare services is essentially a human resources question rather than a bricks and mortar problem, and in that regard, the building of new prisons won’t necessarily make more doctors and nurses or psychologists or psychiatrists available.

Participants indicated that the health of prisoners was not deemed a priority:

I mean there is still an old belief out there that prisoners don’t deserve it and why prioritise them at all? ... When they need funding for other things they can get it; for instance, security - they don’t seem to have any problems getting funding for it. So, it’s about prioritising, and prioritising is done on the basis of what you regard as most important. ...anything around the welfare of the prisoner in terms of the prisoner’s own benefit would never be a priority and never was.

The need for comprehensive health promotion also emerged as important:

You know, they (prisons) have a whole microcosm of people with a huge amount of problems, and very often their lifestyle is one of the huge factors that is impacting on their health.

The absence of prisons as a specific setting from The National Health Promotion Strategy was seen as a particular omission:

I think that prisoners probably have specific needs as a group at risk and I think that certainly the least you would expect is that they would be part of the main strategy.sometimes policies are drawn up by...people who write policy but they don’t consider the people using that policy.

Health as a human right of prisoners was also discussed:

Sometimes it’s not fully appreciated that the duty to provide adequate healthcare services in prisons is a legal obligation set out in international law. So, I think there is a real chance that there could be more legal cases taken in the coming

years about the failure to provide proper healthcare, and I think that should hopefully make the issue more urgent for government.

Prisons are a normal part of society. They lose certain rights when they come to prison...but what I will say is that a prisoner should have all the rights that an ordinary citizen should have. And that certainly should cover health as well.

Discussion

The findings highlight the diverse range of health issues affecting prisoners, most notably substance misuse, communicable diseases and mental and emotional well being. These health issues have been highlighted in the international literature (World Health Organisation, 2007; Casey, 2007; Kennedy *et al.*, 2005). Such significant health concerns require a greater diversification of response that not only addresses the medical needs of the prisoner, but also reflects the broader social impacts that adversely affect the health of the individual and the importance of education and health promotion in this regard. The traditional 'medical model' of health has been relied upon within prison healthcare to the detriment of focus on the broader determinants of health. Tones and Green (2010) point to the medical model as reductionist and patriarchal, placing the sole responsibility for health with the individual. However, prisoners often originate from disadvantaged backgrounds where determinants of health such as educational status and living conditions adversely impact upon their ability to gain access to education in the first instance and indeed to remain in formal education to the same level as the general community, if the initial hurdles of access have been overcome. It is widely accepted that poor educational attainment can adversely impact upon the health status of the individual with regard to the capacity to maintain a healthy lifestyle and to access relevant healthcare services. Capacity building and empowerment are key principles within health promotion (WHO, 1986). However, health literacy and the capacity to engage positively with healthcare services cannot be achieved without addressing the broader determinants of health experienced by prisoners.

Mental health and well-being of prisoners was a concern for all research participants. The findings of this study indicate that the root causes of ill-health within the confines of prison are diverse and their impact most greatly felt in the area of prisoner mental health and well-being. Root causes such as anxiety, stress and anguish over family and the continuation of life on the outside have a significant impact on the mental health and well-being of prisoners. The harsh environment and deprivation of freedom in prison often leads individuals to develop some form of mental illness, with this type of distress often leading to self-harm and even suicide (Kennedy *et al.*, 2005). There are extremely high levels of mental illness in the prison system compared to the general community, with the recorded suicide rate indicating that prisoners are at a higher risk of suicide than the general population (Casey, 2007). Certainly, prison does offer the opportunity to engage with the personal determinants that impact upon an individual's health. It is difficult to promote health in a prison environment characterised by over-crowding and poor living standards because these factors alone have significant impact the health of those in prison (WHO, 2003; Lines *et al.*, 2005; de Vigianni, 2007). Nonetheless promoting health in this environment is not impossible and health promotion strategies for prisons place such issues on the national policy agenda. The broader political climate also impacts upon health in prison, with the findings of this study illustrating the

perception of key figures in the prison system in Ireland that funding is not available for health initiatives, but capital funding and funding for increased security measures is more readily so where necessary. This is incongruent with the statement from the Department of Justice, Equality and Law Reform (2000), that funding be made available for a dedicated health promotion professional in each institution, with training for all staff in health education and promotion. This recommendation has not come to fruition.

Substance misuse, particularly the availability of heroin and the adoption of methadone maintenance by the Irish Prison Service as a harm reduction measure, was a cause of concern. The benefits of substitution treatment in stabilizing illicit drug users and addressing the chaotic nature of addiction lifestyles has been highlighted by the WHO (2010). However, for any drug treatment to be effective it needs to be accompanied by broader health measures that deal with both the underlying causes of substance misuse and the physical and emotional consequences of addiction. A specific national prison drugs strategy was introduced by the IPS in 2006, the guiding principle of which is to stop the flow of drugs into prisons (IPS, 2006). This strategy also highlights the need to provide relevant supports to prisoners to maintain a drug-free lifestyle, including the provision of health promotion and education programmes and information. However, it is difficult to see where and how these health education and promotion programmes will be implemented within Irish prisons considering prison nurses have recently reported an inability to promote health effectively in prisons due to the pressures and time constraints experienced in primary healthcare provision in Irish prisons (HSE, 2009). The inclusion of health promotion as part of a drugs strategy rather than in its own right might be more indicative of the current governmental funding policies, in which 'the war against drugs' is more substantially funded via two governmental departments, (health and justice), than health promotion which is the poor relation.

According to the Irish Prison Service (2009), the aim of healthcare in prison is to provide those who reside there with the same standards of care as those that exist in the community, with priority given to health promotion through the positive intervention of all prison staff. This certainly reads as contradictory with the findings of this research with most respondents highlighting that in certain areas of health, most notably mental health and substance misuse, the services provided to prisoners are far below those available in the community. The philosophical values that underpin the provision of healthcare within the prison system are based on the dignity of the prisoner and also the necessity of the involvement of prisoners in managing their own health status (IPS, 2009). While this appears to reflect the values of empowerment and participation that are key within health promotion, the reality as voiced by research participants is that within the current system prisoners are rarely involved in decisions about their own health, either because they lack the capacity to do so, or they have been disempowered by a system more concerned with the maintenance of security than affecting positive change in the health of those it incarcerates. It seems an incomprehensible deficit that the Health Service Executive, the Department of Health and Children and the Irish Prison Service have failed thus far to agree on how best to provide an equivalent healthcare service within the prison setting. This is in stark contrast to our nearest neighbours, England, Wales and Scotland, who through a partnership approach between both the health and justice sectors, health promotion and education have become healthcare priorities within their prison systems (HEBS, 2002; Siva, 2010). Prisons are

one of the few settings where true health equity can potentially be achieved, regardless of the health determinants that an individual may have previously experienced. While equity is at the cornerstone of health promotion practice, it is philosophically somewhat antithetical to the current priorities of the prison system where incarceration and security are paramount to the exclusion of health gain. This is characterised by the lack of adequate rehabilitative resources needed for individuals to re-enter the community, and to actually achieve health gain and meaningful community living in a non-custodial setting.

Because health promotion works nationally on a settings based approach (in this case the prison itself would be the setting) or a population approach (prisoners would be the target population) the failure of the current national health promotion strategy to include the prisons as a named setting or prisoners as a named population group (as it has other settings and populations) is worrisome. The potential of the prison setting to provide a high standard of health promotion and education within its confines have been widely discussed (O'Mahony, 2000; WHO, 2007; Department of Justice, Equality & Law Reform, 2000) and has been reflected here by research participants, who agree that prisons are not primarily concerned with the health of prisoners and that security will always be a priority. However, the aims and philosophical underpinnings of prison healthcare are not vastly different from the aims and objectives of the National Health Promotion Strategy. Prison healthcare providers should have the capacity to engage in the promotion of health gain for their populations even if the national health promotion strategy excludes them. A strong focus on addressing structural determinants and organisational culture within prison settings would be a significant initial step in ascertaining the reasons why effective health education and promotion interventions cannot be implemented in a formalised and consistent manner throughout the Irish Prison Service. What the data here show is that key personnel and opinion leaders working in the prison service see the clear need for this type of intervention. Their voices give a clear mandate to the pressing need for equity in access to health care for all, not least of which are those most marginalised in our society – our prisoners.

Biographical Notes

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