POLICY AND PRACTICE

Worldwide prison health research and engagement network: a vehicle for capacity-building in prison health

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ABSTRACT

Background: More than 10 million people are imprisoned worldwide; these individuals have considerable health needs, yet often receive poor, suboptimal care.

Context: Staff working to deliver health care to people in prison play an important role not only in ensuring these needs are met but also in providing a service to society, as the evidence suggests that health and reoffending are closely linked. Despite its importance, the work of health care staff in prison tends to be undervalued and underrecognized, and recruitment and retention are important issues within the workforce.

Approach: The Worldwide Prison Health Research and Engagement Network is a new initiative that will support the professional development of health care staff in prisons. The Network aims to help the development of health service delivery within prison settings across the world to improve the health and well-being of people in prison and reduce health inequalities.

Observations: The Network will use a web platform to harness the power of cost-effective information and communication technologies to deliver online training programmes, enable the sharing of resources among practitioners globally and promote intersectoral collaboration. As a new initiative, its impact will be evaluated to examine the benefits to those working in prisons, those receiving care and wider society.

Keywords: PRISON HEALTH, HEALTH INEQUALITIES, CAPACITY-BUILDING

BACKGROUND

In 1971, Julian Tudor Hart, a British doctor, writing in the Lancet, first described the "inverse care law", stating that "the availability of good medical care tends to vary inversely with the need for it in the population served" *(1)*. While Tudor Hart focused on the situation in the community in Britain, this law still reflects the reality of unjust health care provision in many communities and most parts of the world today, more than 45 years later. Prisons across the world provide a rich example of this: people in prison have considerable health needs, greater than those of the general community, yet often receive poor, suboptimal care *(2–4)*.

HEALTH ISSUES IN PRISON

Over 10 million people are imprisoned worldwide *(5)*. Many studies have shown that the prevalence of a number of diseases among people in prison is much greater than that among people in the community. For example, mental disorders – particularly serious mental disorders – are overrepresented among people in prison: 3.7% of men in prison suffer from psychotic illnesses, 10% suffer from major depression and 65% have a personality disorder, including 21% with antisocial personality disorder *(6)*. Compared with the general American or

British population of a similar age, people in prison have rates of psychotic illnesses and major depression about 2–4 times higher; rates of antisocial personality disorder are about 10 times higher *(6)*.

The prevalence of alcohol abuse and dependence is estimated to be 18–30% among men and 10–24% among women in prison; the prevalence of drug abuse and dependence is estimated to be 10–48% among men and 30–60% among women in prison. These prevalence estimates are much higher than those from general population surveys. Compared to the general American population of a similar age, men in prison are 2–10 times more likely to be drug-dependent and women in prison are 2–4 times as likely to be alcohol-dependent and at least 13 times more likely to be drug-dependent *(7)*.

Prevalence rates for infectious diseases are also much higher than those found in the community. Epidemiological studies of prison populations in most countries have consistently reported rates of HIV infection greater than those in the general population; the same applies to rates of hepatitis B and C and tuberculosis *(8)*. Noncommunicable diseases are also an issue for those in prison, with rates of obesity, physical inactivity, poor diet and smoking higher than those found in the community *(9, 10)*.

CONTEXT

THE ROLE OF HEALTH CARE STAFF IN PRISONS

Staff working to deliver health care to people in prison play an incredibly important role not only in ensuring that the considerable health needs of individuals in prison are met but also in providing a service to society, as the evidence suggests that health and reoffending are closely linked. For example, the evidence on methadone maintenance therapy for people with opioid dependence suggests that it results in a reduction in criminal activity – something that all of society benefits from *(11)*. The community dividend of working with those in prison can also extend to reducing the onward transmission of communicable diseases, as well as the positive impact of health promotion messages that may filter through to the social networks of people who have been in prison. It is important to note that many people in prison are released back into the community after serving their sentences; therefore, the relationship between prison and community can be an important opportunity to have a wider health impact.

THE CHALLENGES FOR HEALTH CARE STAFF IN PRISONS

Despite the important context of prison health care set out above, the work of health care staff in prison tends to be undervalued and underrecognized. Not surprisingly, recruitment and retention are important issues within the workforce *(12)*. Historically, working in prison health care has not been seen as an attractive option for health professionals for several reasons. The challenges are considerable, because of both the high health needs and the nature of the health problems, such as chronic mental health issues and substance use, and the high prevalence of violence. Indeed, there is evidence to show that burnout, a severe consequence of prolonged exposure to stressful work conditions, is an important issue for custodial staff working in prisons *(13–17)*. Research on burnout in health care professionals who work in prison, however, is lacking.

Health care staff in prisons are further challenged by the issue of "dual loyalty" *(18–20)*, which the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment describes thus: "The health-care staff in any prison is potentially a staff at risk. Their duty to care for their patients (sick prisoners) may often enter into conflict with considerations of prison management and security. This can give rise to difficult ethical questions and choices" *(21)*. Essentially, this means that health care staff may be put in positions in which they feel conflicted. As a professional, each individual's first duty is to his or her patient, to provide high-quality care and maintain confidentiality – to be the prisoner's not the prison's doctor. In reality, this may conflict with the employers' (the prison authorities) priorities of security and punishment.

APPROACH

WHO HEALTH IN PRISONS PROGRAMME

It is not surprising, therefore, that the prison health care workforce across the world is often understaffed, underskilled and isolated from colleagues in the community. This has been acknowledged by a number of international organizations. The WHO Regional Office for Europe, for example, has a wide-ranging and impactful Health in Prisons Programme, committed to improving the health of those in prison. It has recently published guidance on prison health governance which acknowledges the above issue of professional and ethical conflict and highlights the importance of prison health care staff, noting the following:

- Prison health services should be at least of 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 yet 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 *(22)*.

WORLDWIDE PRISON HEALTH RESEARCH AND ENGAGEMENT NETWORK

The Worldwide Prison Health Research and Engagement Network (WEPHREN) is a new initiative that will support the professional development of health care staff in prisons. The Network is led by the UK Collaborating Centre for WHO Health in Prisons Programme, hosted by the National Health and Justice Team at Public Health England, United Kingdom. It is guided by the WHO Health in Prisons Programme, using its established links with European and central Asian countries and with other international organizations such as the Council of Europe, International Committee of the Red Cross and United Nations Office on Drugs and Crime, which are committed to ensuring that people in prison have the same standard of medical care as people living in the community.

WEPHREN aims to help the development of health service delivery within prison settings across the WHO European Region and the world to improve the health and well-being of people in prison and reduce health inequalities. This objective aligns with one of the key strategic objectives of the new European health policy framework Health 2020, to "improve health for all and reduce health inequalities" *(23)*. The Network will provide a forum for all stakeholders interested in prison health to exchange ideas and work together; it will also provide a platform for developing the skills of health professionals and researchers – capacity-building for prison health is a key objective. Understanding different models of practice used in different countries can inspire innovative changes in staff training, such as including prison health as part of wider training placements for health care staff, as well as changes in staffing structures, such as using community staff to work with those in prison. Recognizing that the well-being of staff and their professional development is central to the effectiveness of any initiative designed to improve the health of those in prison, the power of an international network such as WEPHREN to facilitate global practitioner support, development of standards and professionalization of a career in prison health will strengthen the health workforce's capacity to deliver high-quality and safe health care practice.

OBSERVATIONS

WEPHREN will address a number of the recommendations of the High-Level Commission on Health Employment and Economic Growth relating to health employment and health service delivery *(24)*. At the heart of its capacity-building ambitions is the scale-up of high-quality education and lifelong learning so that all health workers in prisons have skills that match the health needs of the people in prison and can work to their full potential. The Network will use a web platform to harness the power of cost-effective information and communication technologies to deliver online training programmes and enable the sharing of resources among the practitioners across the world. It will promote intersectoral collaboration and engage important stakeholders beyond health care staff. These will include prison services, policy-makers and nongovernmental, public health and professional organizations, with the further ambition of including health care service users themselves – the patients in prison. WEPHREN sits as a "community of practice" within the Global Health Network *(25)*. This is a well established and widely used digital platform to enable research by sharing knowledge and methods and to develop capacity. Members are able to access and use many resources on this site –in addition to those specific to WEPHREN – for professional development.

THE OPPORTUNITIES FOR HEALTH CARE STAFF IN PRISONS

Delivering health care in prisons should be a positive choice but perhaps is not always obviously so. It is an opportunity to play an important role in reducing health inequalities. A number of aspects of the clinical work appeal to clinicians – it is challenging and diverse and offers an opportunity to help an underserved population. Furthermore, professionals gain a great deal of experience – there is often plenty of "pathology" *(12)*. Some professionals have reported a high degree of autonomy and, in many prisons, can establish an ongoing relationship with their patients *(12)*. The work is likely to be more satisfying if professionals feel supported throughout their employment and are offered opportunities for continuing professional development *(26)*. By supporting practitioners and providing accessible learning opportunities, WEPHREN will contribute to the development of prison health care settings as positive work environments.

There are considerable differences in prisons and the delivery of health care within them across the world. For example, even within one country the nature of the population in one prison will be very different from another, depending on whether those imprisoned are sentenced or awaiting trial, male or female, young or old and so on. Between countries the differences are likely to be starker, as different penal systems and health care organization models will affect the prison environment. It is likely that these differences are also reflected in inequalities in staff development in prisons within and between countries, which may also mirror some of the health inequalities faced by the prison population. An ongoing survey is asking WEPHREN members about their most important professional development priorities, with particular interest in low- and middle-income countries. Although still in progress, emerging findings from the survey suggest that health care staff want to develop their team working and leadership skills, enhance their ability to deliver effective health promotion and learn more about health research. In the future, WEPHREN aims to tailor training, both online and face to face, to ensure these priority development needs are met.

PARTICIPATING IN WEPHREN[1]

WEPHREN is an inclusive network that aims to bring a range of stakeholders together to improve the health and well-being of those in prison – health care staff, prison services, policy-makers, nongovernmental, public health and professional organizations and service users. Although a very new initiative, it already has over 200 members from over 20 countries and it is anticipated that membership will rise exponentially in the coming year.

[1] Further information and details of how to participate are available at the Network's website (27) or via email at WEPHREN@phe.gov.uk.

CONCLUSIONS

The health needs of people in prison are great. In order to respond effectively to these and to play an important role in improving health for all and reducing health inequalities, there must be an appropriately trained and skilled workforce that is well supported by both the institution in which it works and the relevant professional bodies. While there is little robust research on the professional development needs of those health care professionals working in prisons across the WHO European Region, emerging information suggests that prisons face particular staffing issues when delivering health care. WEPHREN will start to address these priority issues in a flexible manner, tailoring educational interventions for the "specific reality of each country" *(28)* for the benefit of those working in prisons, those receiving care and wider society.

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