Mental health among people in prison at the time of COVID-19: all bad news?

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Overview

• Mental health of imprisoned people pre-pandemic
• Impact of the pandemic on the mental health of imprisoned people and possible reasons for this
  • Scoping review of literature
  • Government data
  • COPE Study
• Summary & way forward
The mental health of imprisoned people pre-pandemic

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th></th>
<th>Women</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General population</td>
<td>Imprisoned</td>
<td>General population</td>
<td>Imprisoned</td>
</tr>
<tr>
<td>Psychosis</td>
<td>1%</td>
<td>4%</td>
<td>1%</td>
<td>4%</td>
</tr>
<tr>
<td>Depression</td>
<td>2-4%</td>
<td>10%</td>
<td>5-7%</td>
<td>12%</td>
</tr>
<tr>
<td>Any personality disorder</td>
<td>5-10%</td>
<td>65%</td>
<td>5-10%</td>
<td>42%</td>
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<tr>
<td>Antisocial personality disorder</td>
<td>5-7%</td>
<td>47%</td>
<td>0.5-1.0%</td>
<td>21%</td>
</tr>
<tr>
<td>Alcohol misuse/dependence</td>
<td>14-16%</td>
<td>18-30%</td>
<td>4-5%</td>
<td>10-24%</td>
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<tr>
<td>Drug misuse/dependence</td>
<td>4-6%</td>
<td>10-48%</td>
<td>2-3%</td>
<td>30-60%</td>
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<tr>
<td>Intellectual disability</td>
<td>1%</td>
<td>0.5-1.5%</td>
<td>1%</td>
<td>0.5-1.5%</td>
</tr>
<tr>
<td>PTSD</td>
<td>2%</td>
<td>4-21%</td>
<td>3%</td>
<td>10-21%</td>
</tr>
</tbody>
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The impact of the pandemic on the regime: the introduction of IPC measures

1. Restricted regime

Stopping of
- all social visits,
- all education, training and employment activities (except for essential workers),
- all access to gyms,
- religious association and general association stopped

Restrictions on numbers of people unlocked and numbers of people in exercise yards at any one time

2. Compartmentalisation

Between prisons: transfers minimised
Within prisons: ‘cohorting’ (Shielding, Protective Isolation, Reverse Cohorting Units) and cross deployment of staff minimised

(NB prior to availability of mass testing & vaccination)
Scoping review of mental health in prisons through the COVID-19 pandemic

Significant adverse impact on the mental health and well-being of those who live and work in prisons.

Key drivers:
- Fear of COVID-19
- Isolation
- Discontinuation of prison visits
- Reduced access to mental health services

England and Wales

Suicide
In the 12 months to September 2021:
81 deaths in prison custody were self-inflicted: **13% increase** on previous 12 months

Self-harm
In the 12 months to June 2021:
Rate of self-harm incidents per 1,000 imprisoned people **decreased 13%** in male establishments but **increased 16%** in female establishments

Source: Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to September 2021 Assaults and Self-harm to June 2021
COVID-19 measures and prisoner self-harm: critical time-trends analysis: informing policy to improve individual and institutional resilience (COPE)

• The COPE study seeks to develop a greater understanding of the scale and nature of self harm in the prison system using a mixed methodology.
• 12 month project led by University of Manchester

The impact of pandemic on the mental health of imprisoned people: COPE Study

Emerging findings from Prison Reform Trust’s Prisoner Policy Network

- Fears around catching Covid heightened stress levels, worries around how family and loved ones are coping. Prison residents spoke of hearing coughing on their wings and worrying they were about to catch the virus.
- Isolation from family and others on the wing has impacted many in terms of their ability to socialise, concentrate, remain positive.
- People becoming more withdrawn, others showing signs of OCD, others showing aggression about the lack of time to work off the stress that was building.
- People “letting themselves go”, with some respondents characterising overeating, heavy vape smoking and illicit substance abuse as a form of self harm akin to self neglect.
“I struggled with my mental health due to contracting Covid and lack of communication”

“I was fearing for my relatives’ safety and became anxious and depressed”

“I found myself pacing around my cell, every little thing would set me off. Anything a staff member said was like ‘what does he mean? Is he trying to fool me?’”

“Aside from the self-harm, which is often behind a door and goes unnoticed, I have seen a lot of people ‘let themselves go’. People are eating poorly and not exercising, diabetes, weight gain and general lack of self care is an issue now. People aren’t showering, and former ‘gym heads’ are now putting on weight and not training.”
The impact of pandemic on the mental health of imprisoned people: COPE Study

• Multiple people claim self-harm has gone up in their respective establishments. Others say because of the amount of time spent locked behind the door they simply don’t know to what extent people are suffering in silence

• Multiple respondents say they have self-harmed themselves. Many have stated that it has either begun or got worse during the pandemic

• Others have framed the issue of self harm as something that was already at crisis levels before the pandemic, with Covid exacerbating already untenable conditions

• A key self harm trigger: feelings of frustration or stasis, not always at individual staff but at the prison system as a whole
Way forward

The pandemic has undoubtedly had an adverse impact on the mental wellbeing of imprisoned people.

The impact has not been uniform.

The adverse effects can be mitigated (for example by release of people ‘decarceration’; increased use of IT; mass testing and vaccination)

Going forward it will be important to:

• Embed protection of mental wellbeing in pandemic plans for prisons
• Conduct research to understand in depth what is going on and why (https://wephren.tghn.org/covid-19-prisons-and-places-detention/covid-19-research/)
• Build back better: a greater commitment to a whole prison approach to health
• Build back better: alternatives to imprisonment
Acknowledgements

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  https://bmjopen.bmj.com/content/bmjopen/11/5/e046547.full.pdf

• COPE team: Kathryn Abel, Mathias Pierce, Kerry Gutridge, Paula Harriott, Jenny Shaw, Louise Robinson

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