



What can criminologists contribute to understanding health in prison?

Sarah Armstrong, University of Glasgow
LEPH 2019 EDINBURGH – 23 OCT

Mental Health & Wellbeing of Young People in Custody: Evidence Review (May 2019)

- Background: Commissioned by Chief Inspector of Prisons in Scotland to inform Government commissioned expert review following two deaths in custody in 2018.
- Intended to be a systematic review not about death but ‘mental health and wellbeing’.
- Standard approach of SR: *search terms – reputable databases – eligibility criteria sift – results analysis*

- **Missed** many sources of pertinent, high quality information
- **Over represented** particular disciplinary perspectives (clinical medical and psychiatric)
- **Under represented** many other disciplinary perspectives (sociology, social policy, anthropology)
- **Under represented** non-journal forms of work (books, reports, chapters, policy analysis, web-based)
- **Complete exclusion** of frontline voices: prisoners and staff

Systematic?

Review?

- Non-clinical factors narrowly framed, defined and analysed
- Muddled references to: social, ecological, environmental, 'prison-based', 'criminal justice' factors; further confused with operational and situational conditions of prison
- Reduces institutional dynamics to a single factor, or translates into individual pathology

*“When explaining elevated rates of prison suicide, different theories have been proposed. Criminologists, using predominantly qualitative data, have argued for the importance of social and environmental factors.”
(Fazell et al. 2010)*

Institutional features...

- Isolation from family and supports
- Exposure to bullying and threat
- Exposure to others' suffering
- Loss of autonomy and choice, dehumanisation
- Limited stimulation
- Disciplinary, authoritarian styles of control

...translated into individual:

- Coping and resilience deficits
- Prior trauma, MH issues
- Relationship difficulties
- Vulnerability

□ *Table 1: Comparison of Group Means for High and Low Lonely Groups*

| | High Lonely | | Low Lonely | | F | Eta ² |
|----------------------|-------------|------|------------|------|---------|------------------|
| | M | SD | M | SD | | |
| DHS | 11.38 | 6.76 | 3.67 | 2.47 | 21.99** | 0.28 |
| Depression | 6.95 | 4.11 | 2.72 | 1.93 | 17.26** | 0.23 |
| Hopelessness | 2.86 | 2.47 | 0.50 | 0.71 | 15.76** | 0.21 |
| Suicide Indicators | 1.57 | 2.01 | 0.45 | 0.86 | 5.25** | 0.08 |
| Current Ideation | 0.12 | 0.39 | 0 | 0 | 1.62 | 0.03 |
| Cognitive Indicator | 0.28 | 0.59 | 0.11 | 0.32 | 1.36 | 0.02 |
| Historical Indicator | 1.17 | 1.49 | 0.30 | 0.69 | 5.01** | 0.08 |
| Support | 4.50 | 1.71 | 5.78 | 1.26 | 8.08** | 0.12 |
| Family | 4.81 | 1.85 | 5.61 | 1.85 | 2.36 | 0.39 |
| Friends | 4.24 | 1.7 | 5.78 | 1.0 | 12.48** | 0.18 |
| Others | 4.52 | 2.13 | 5.94 | 1.39 | 6.72 | 0.10 |

Note: **p <= .01; ***p <= .001.

The results of the current study provide preliminary support for the suggestion that prisoners who are high on self-reported loneliness are at greater risk of suicide than non lonely prisoners.' (Brown and Day, 2008: 444)

Individual characteristics do not explain prison suicide levels

But beware the tendency to promote individual level interventions as a response to institution/system level problems.

“Rates of prison suicide do not reflect general population suicide rates, suggesting that variations in prison suicide rates reflect differences in criminal justice systems including, possibly, the provision of psychiatric care in prison.” – Fazell et al. 2011



Levels of explanation → levels of intervention

- **Fix the person:** Direct risk management and intervention
- **Fix the situation:** Alter immediate context of environment (first night monitoring, risk assessment, access to qualified health staff)
- **Fix the institution:** Improve particular aspects of confinement (phones in cells, more activities, staff training)
- **Fix the system:** Reduce unnecessary use of prison, limit pretrial detention, sentence reform
- **Fix wider social issues:** Address inequalities in punishment and health

Relevant criminological knowledge

- Institutional and environmental causes of harm are real and distinct from individual level factors
- Qualitative and quantitative research fills in picture on the culture of particular institutions
- Unequal distribution of punishment in society – structural and ‘criminal justice’ factors – affects patterns of health
- Sociologically oriented perspectives offer important corrective to dominant means of understanding health in criminal justice contexts (e.g. ACEs)



SCCJR

The Scottish Centre
for Crime &
Justice Research



SCCJR

The Scottish Centre
for Crime &
Justice Research

www.sccjr.ac.uk