

Prison health: it's good to talk

Families Outside is a national Scottish charity that works solely on behalf of children and families affected by imprisonment.

Like others, we had great hopes that the transfer of prison healthcare from the Scottish Prison Service to NHS Scotland would result in its intended aim of making prison health integral and equivalent to the wider system of public health in Scotland. This was never going to be an easy process and was invariably going to require time to bed in. Today's report from the Royal College of Nursing shows exactly how complex this transition has been - and indeed continues to be, as we clearly have a long way to go for prison healthcare to be anywhere near its intended aims.

A number of issues prevent a smooth transition. I will list only a few of these, focusing on the ones that seem to have the biggest impact on the families we support.

First, people in prison have the poorest health and some of the most acute healthcare needs of anyone in the country. In a context in which anyone who reaches the age of 50 is deemed 'elderly', and the highest proportion of death by natural causes in custody occurs amongst people in their 40s, the demands on healthcare teams in prisons is significant. It also explains why, following emotional support, concern about the welfare of their family member in prison is the main reason families give for contacting us.

Related to this is the status of Carers' legislation when someone goes to prison. A family may have been caring for someone, formally or informally, prior to their imprisonment; upon entry to prison, the prison becomes the Carer. This means families are no longer involved in decisions about the person needing care and are unlikely to be kept informed of any healthcare treatment or needs unless the person in prison chooses to share this information.

Third, prison by definition requires added layers of security – security which, unfortunately, effectively blocks communication between prison healthcare staff and families. Data protection is of course paramount, but families also have difficulty passing information in to prison healthcare teams about their concerns for someone in prison, and do not always receive critical information (such as transfer to hospital), even when named as next of kin.

Prison holds a unique place in society and does not fit in easily as 'just another venue' for provision of healthcare. Issues of communication between healthcare teams in prison and the community, and with prison health teams in general, affect people beyond than the prisoner-patient and must be addressed for prison health to become a humane and equitable system of care.

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