

# Primary care



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North and Mid Hampshire Health Authority, Harness House, Basingstoke, Hampshire RG24 9NB

Jo Nurse  
*specialist registrar in public health*  
Paul Woodcock  
*senior health promotion specialist*

Ravenswood House, Knowle, Fareham, Hampshire PO17 5NA

Jim Ormsby  
*specialist registrar in forensic psychiatry*

Correspondence to: J Nurse  
Health Policy Unit, London School of Hygiene and Tropical Medicine, London WC1E 7HT  
[jonurse66@hotmail.com](mailto:jonurse66@hotmail.com)

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## Influence of environmental factors on mental health within prisons: focus group study

Jo Nurse, Paul Woodcock, Jim Ormsby

### Abstract

**Objective** To increase understanding of how the prison environment influences the mental health of prisoners and prison staff.

**Design** Qualitative study with focus groups.

**Setting** A local prison in southern England.

**Participants** Prisoners and prison staff.

**Results** Prisoners reported that long periods of isolation with little mental stimulus contributed to poor mental health and led to intense feelings of anger, frustration, and anxiety. Prisoners said they misused drugs to relieve the long hours of tedium. Most focus groups identified negative relationships between staff and prisoners as an important issue affecting stress levels of staff and prisoners. Staff groups described a "circle of stress," whereby the prison culture, organisation, and staff shortages caused high staff stress levels, resulting in staff sickness, which in turn caused greater stress for remaining staff. Staff shortages also affected prisoners, who would be locked up for longer periods of time, the ensuing frustration would then be released on staff, aggravating the situation still further. Insufficient staff also affected control and monitoring of bullying and reduced the amount of time in which prisoners were able to maintain contact with their families.

**Conclusions** Greater consideration should be given to understanding the wider environmental and organisational factors that contribute to poor mental health in prisons. This information can be used to inform prison policy makers and managers, and the primary care trusts who are beginning to work in partnership with prisons to improve the mental health of prisoners.

### Introduction

The mental health of prisoners is a particular concern,<sup>1-3</sup> with suicide rates six times higher than in the general population.<sup>4,5</sup> An Office for National Statistics study found that 14% of female prisoners and 7% of male prisoners have a psychotic illness<sup>6</sup> compared with an overall figure of 0.5% in the general population.<sup>7</sup> Remand prisoners (especially women) experience higher rates of depression than sentenced prisoners.<sup>6</sup> Mental health, however, has been described as how people, communities, and organisations think

and feel about themselves and their experience of mental wellbeing rather than just an absence of mental illness.<sup>8</sup>

Although social and environmental factors are known to affect mental health,<sup>9</sup> little is known about the impact of prison environment. We collected qualitative data for the health needs assessment in a local prison to increase understanding of how the prison environment influences the mental health of prisoners and prison staff.

### Methods

This study took place within a local prison in a semirural setting in southern England. The prison is a category B prison (medium security), with 500 local remand and sentenced male prisoners and a female training prison (a rehabilitation unit) with 90 female prisoners from England and Wales, including overseas nationals. We gained permission to hold focus groups within the prison from the prison governor. All participants attended as volunteers. No prison staff attended the prisoner focus groups.

We conducted seven focus groups that provided a wide representation of views and sufficient saturation (so eventually no new ideas emerge)<sup>10</sup> and included remand, sentenced, and female prisoners and rule 45 prisoners (prisoners at risk of harm from the main prison population). Prison staff groups included uniformed, non-uniformed, and healthcare staff. For more details see [bmj.com](http://bmj.com).

Analysis consisted of an initial debriefing with a summary developed from the notes.<sup>11</sup> To enhance validity<sup>12</sup> we gave a written summary to the moderator, the observer, and focus group attendees and requested feedback on content and emphasis. We carried out a content analysis, followed by a thematic analysis using a framework adapted from Vaughn et al<sup>13</sup> to prioritise topics and enhance validity.<sup>14</sup>

### Results

In total 31 prisoners (18 men, 13 women) and 21 prison staff (15 men, 6 women) attended focus groups. The results reflect views held by the majority. In the thematic analysis we placed greater emphasis on repeated themes (especially those repeated by more than one group), initially raised themes, strong feelings, or themes of long discussions.<sup>15</sup>

Key factors of the prison environment that influenced prisoners' mental health included isolation and lack of mental stimulation, drug misuse, negative relationships with prison staff, bullying, and lack of family contact. Key issues that influenced the mental health of staff included perceived lack of management support, the negative work culture, staff safety, and high stress levels increasing staff sickness, which in turn created higher stress levels.

### Prisoners

#### *Isolation and lack of mental stimulation*

Remand and sentenced prisoners and uniformed staff emphasised the negative effect on prisoners' mental health of being locked up for as long as 23 hours a day. Remand prisoners do not normally work or have access to education, while many sentenced prisoners had limited access to both. Prisoners discussed how lack of activity and mental stimulation led to extreme stress, anger, and frustration (box 1).

#### **Box 1: Impact of isolation and lack of activity**

Having something like a TV to focus your mind on, at the end of the day you've got nothing to focus your mind on, with no books to stimulate your mind, no papers to stimulate your mind ... papers and TV are your link to the outside world. You've got nothing to stimulate your mind, you're just left staring at four blank walls (male prisoner 1)

... head going round and round, thinking too much ... just feel like banging my head (male prisoner 2)

... not letting me get to education, not giving me a chance to work, not giving me a chance to do anything ... you build up anger, you know what I mean ... It's going to release one day, it's just building up inside you and you got to hold it down, hold it down, hold it down (male prisoner 3)

The focus groups thought that any activity, whether it was exercise, work, or education, was beneficial. The focus group of non-uniformed staff thought that education was particularly important for prisoners, especially as many prisoners have limited literacy skills.

Remand and sentenced prisoners described how the prison environment encouraged drug misuse as drugs provided a mental escape and helped to relieve the long hours of tedium. One prisoner described how he became addicted during a previous sentence, while uniformed staff described the negative impact of drug misuse on prisoners' health.

Male remand and sentenced prisoners commented that they would often wait all their association time, (free time out of cells on the prison landings) queuing for telephones and not make a call because of insufficient time and telephones. Female prisoners talked about not being able to maintain contact with their families and not having any control over external events.

#### **Negative relationship with prison staff**

All the prisoner focus groups described a cycle of negative attitudes, whereby if an officer treated a prisoner badly, prisoners would make the officer's life hard, which caused more stress for officers (box 2).

#### **Box 2: Cycle of negative attitudes between prisoners and prison staff**

The ones that are horrid hate their jobs and think they're sick of this and that's because we treat them like a piece of shit (female prisoner 2)

They respond to us and then we respond to them (female prisoner 3)

The good ones enjoy their jobs a lot more than others because they're being personable and we treat them with respect (female prisoner 4)

All prisoner focus groups (except sentenced prisoners) suggested that staff should have more training and be better valued and that more staff would reduce stress levels for prisoners. Remand prisoners described how fewer staff increased the amount of time spent in cells, which made prisoners more difficult to deal with, thereby increasing stress levels of staff and prisoners.

#### *Bullying*

Rule 45 prisoners (convicted for sex offences, child abuse, or vulnerable to abuse from other prisoners) emphasised bullying by other prisoners as an issue, although other prisoner focus groups did not discuss this but described bullying of prisoners by staff members. One participant from the rule 45 group described how bullying from other prisoners affected their mental health (box 3).

#### **Box 3: Bullying of vulnerable prisoners**

The first night is terrifying, they call you names, they say they're going to hang you, it's literally what they say, they call you sex beast and hang them (male prisoner 5)

Some focus group members were resigned to bullying, saying you can't stop it, while others said that it still affects mental health and was the main reason for people on their wing becoming ill. Suggestions for reducing bullying involved having sufficient supervision by senior prison officers, especially at meal times.

#### **Staff**

##### *Working environment and culture*

The relative reduction in staffing levels and concurrent rises in numbers of prisoner over the past few years was frequently expressed as a cause of stress in staff. Inmates have less time out of cells now as there are fewer members of staff to supervise them, which increases tensions between staff and prisoners. This also leads to less job satisfaction for staff. Poor management style, lack of communication, insufficient information, and lack of continuity of care with prisoners were identified as factors that increased levels of stress in staff. Staff acknowledged their own contribution to stress in their jobs, describing how the macho culture in prisons made it difficult for prison officers to open up and talk about their problems.

The healthcare group had concerns about safety as some staff had to interview prisoners on their own in inadequate facilities. The whole group thought this was important, and it reflected the general sense of isolation. The non-uniformed staff placed less emphasis on their own stress levels at work but described how other staff members would offload their stress on them. The uniformed staff considered that stress was the most important thing affecting their health at work; an important aspect of this was the fear of violence (box 4).

#### Box 4: Causes of stress for prison staff

##### Reduced staffing levels

Only a couple of years ago there was enough time for staff to talk one to one with prisoners ... you could identify prisoners who were having problems (prison staff 2)

##### Fear of safety

The interview rooms are full of brooms, irons, and chemicals, you don't feel safe when you're on your own with a prisoner (prison staff 4)

If you work on the wings all the time ... then confrontation is always there in the back of your mind (prison staff 5)

#### Circle of stress

Various causes of stress—including reduced staffing levels, prison culture, prison management, and fear of safety—were frequently described as interacting with each other and increasing overall stress levels. This was best described by a member of the healthcare group who described a “circle of stress,” whereby low morale and staff shortages increased stress levels, which in turn increased staff sickness rates, reduced staffing levels, further lowered the morale of remaining staff and led to more stress and staff sickness.

## Discussion

We have shown how wider environmental and organisational factors affect mental health within a prison setting. The qualitative data produced by this series of focus groups shows how long periods of being locked up with little activity or mental stimulation have a negative impact on the mental health of prisoners, whether or not they had a formal mental illness.

Recent reductions in staff levels created high levels of stress among staff, leading to a circle of stress whereby staff would be absent from work because of stress, causing more stress in remaining staff. Staff shortages led to longer lock-up times for prisoners and negatively affected their mental health, the ensuing frustration was released on staff, creating still higher stress levels.

Similar findings on the reinforcement of stress are found in studies of other institutional settings, where organisations under stress can react with socially structured defence mechanisms that may lead to a dysfunctional system. For example, studies in hospitals showed that organisations with high anxiety levels reacted by avoidance of change, ritualisation of task performance, and upward delegation of responsibility. These behav-

ours occur to reduce anxiety but lead to inefficient working and subsequent increases in stress.<sup>15</sup>

These factors could be dealt with by reduced numbers of prisoners or by increased staff levels—for example, by the provision of occupational health to address high staff sickness levels and by improving staff communication, training, supervision, support, and teamworking. This would reduce the length of time prisoners are locked up and begin to alter the cultural environment within the prison, which in turn could have a significantly positive impact on prisoner mental health.

#### Strengths and limitations

The main weakness of this study arises from the potential bias of using self selected volunteers for focus groups rather than a randomised sample.<sup>16</sup> The people who attended the focus groups may therefore over-represent those prisoners and staff who have particular issues they want to raise.<sup>17</sup> A greater proportion of female prisoners than male prisoners (13/90 (14%) v 17/500 (3.4%)) participated in the focus groups, potentially under-representing the views of male prisoner. However, we held several groups (three groups of male prisoners compared with one for females) and analysed areas of concordance within and across groups to reduce this bias. Additionally, we triangulated views from staff focus groups on prisoner health with prisoners' views to produce a balanced and representative perspective of the mental health of prisoners.<sup>12</sup>

The results therefore give a reasonable representation of environmental factors affecting mental health within a UK prison. The prison studied is located in a relatively affluent part of the country, however, and comparisons have shown that it has better healthcare resources than many other prisons.<sup>18</sup> Our findings therefore may under-represent the situation found in other prisons.

#### Implications

These findings may provide insight for clinicians and primary care trusts working in partnership to improve the mental health of prisoners. They may also inform and influence managers and policy makers of the wider contextual issues affecting mental health within prison settings. The current trend of increasing prisoner numbers can do nothing but worsen the environment within prisons with the resultant consequences on mental health. This situation is unlikely to benefit the long term rehabilitation of prisoners back into society.

The increasing numbers of prisoners with formal mental health problems<sup>3</sup> should not be ignored, inappropriate incarceration should be avoided, and extra mental health services need to be provided. Recent Department of Health/Home Office policy states that from April 2003 prison primary healthcare services should be provided by primary care trusts and that the quality of health care in prisons should be monitored with the standards set by national service frameworks (including mental health).<sup>19 20</sup> We have shown the necessity of understanding wider environmental factors that contribute to poor mental health and make mental illness worse in prisons. Health professionals have a role in advocating for better prison mental health services and in influencing policy affect-

### What is already known on this topic

There is a high prevalence of mental health problems in prisoners and insufficient provision for these problems

Recent guidelines recommend that mental health services for prisons should be equivalent to those provided by the NHS

The link between environmental stress and mental ill health has been well established in several settings but not in prisons

### What this study adds

Focus group discussions provided a complex understanding of environmental factors affecting prisoner mental health

Long periods of isolation with little mental stimulation in a remand prison contributed to intense frustration and anger and may influence the use of drugs to relieve tedium

In prison staff high levels of stress related to the prison organisation and environment negatively affected the mental health of prisoners and developed into a circle of stress

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### Endpiece

#### Essential freedom

Sans la liberté de blâmer, il n'est point d'éloge flatteur. (Without the freedom to criticise, there is no point in flattering eulogies.)

Pierre Beaumarchais,  
French playwright (1732-99)

ing the prison environment, which in turn may lead to improvements in the mental health of prisoners.

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Competing interests: None declared.

Ethical approval: We sought advice from the National Prison Health Task Force and local health authority ethics committee regarding ethical approval, and were informed that official approval was not needed as the primary aim of this study was for service improvement. We took all measures to conduct the study in an ethical manner.

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### Corrections and clarifications

*This week in the BMJ: Paperless records are better than traditional system*

This summary relating to the paper in the same issue by Julia Hippisley-Cox and colleagues (The electronic patient record in primary care—regression or progression? A cross sectional study, 28 June, pp 1439-43) contained several errors. Although we were correct to say that electronic medical records are “more complete and understandable than paper records,” several supporting percentages were wrong. The study found that “almost 48% [not 90%, as we stated] of paperless records had at least one diagnosis, compared with 33% [not 32%] of paper based records.” Drug dose reporting was “significantly better [not far better] in the electronic records than in the paper records (87% versus 66% [not 33%]).” We have no excuse for these errors—the figures were all clearly stated in the paper itself.

*Professor is replaced as lead scientist while GMC investigates his research*

We made two factual errors in the final paragraph of the full (website only) version of this News Roundup article by Owen Dyer (28 June). Firstly, we wrongly stated that Professor Nicholas Wood refused to attend the inquiry in Singapore (that related to Professor Simon Shorvon, who had been dismissed as director of Singapore's National Neuroscience Institute). In fact, he had not been invited to attend, and he cooperated with the inquiries and dealt with the specific questions via email. Secondly, we also said that Professor Wood had worked in Singapore and had now started work at the Institute of Neurology in London, whereas he has been a full time employee of the institute since 1995.