Editorial

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At the time of writing, readers beyond our shores might be forgiven for thinking that the major, in fact the only topic of conversation within the UK is Brexit. Whilst this is indeed exercising the thoughts of many, it could also serve to divert from or obscure other problems that require immediate attention.

Such a problem is the current state of English prisons. In the wake of a fatal stabbing at Pentonville prison, the Prison Governors Association renewed calls for a public inquiry into the state of jails in England and Wales, while the Prison Officers Association said it "once again" has serious concerns following the incident. It added: "We now ask for the Ministry of Justice to fully investigate this matter and the underlying problems within the prison estate" (Jamieson and Boyle, 2016).

The most recent statistics published by the Ministry of Justice indicated the highest number of apparently self-inflicted deaths for more than a decade. There were also 2,813 assaults deemed "serious" – in the 12 months to December, a rise of 27 per cent year-on-year, and nearly 5,000 attacks on staff – a jump of more than a third compared with 2014 (Jamieson and Boyle, 2016).

The Ministry of Justice has confirmed its commitment to addressing the significant increase in violence, self-harm and self-inflicted deaths in prisons and has recently announced additional investment for some of our most challenging prisons. While this is welcomed, it is hoped that this additional investment and, indeed, wider reform of the prison system, does not become lost in the post-Brexit UK of 2017 and beyond.

Our first two papers in this issue draw on the lived experiences of women in prison. In the first, Rabia Ahmed *et al.* report on a study that explored the barriers to accessing health services that female inmates face during incarceration in Canada; the consequences to their health, and implications for correctional health services delivery. Focus groups conducted in a large maximum-security provincial remand facility in Canada were used to explore women's experiences with accessing health services while incarcerated; the impact of access to health services on health during incarceration and in the community and recommendations for improving access to health services.

The women described multiple barriers to accessing health services that resulted in negative consequences to their health: treatment interruption, health disempowerment, poor mental and physical health, and recidivism into addiction and crime upon release. Women made three important recommendations for correctional health service delivery: provision of comprehensive health entry and exit assessments, improvement of health literacy, and establishment of health support networks. The recommendations were organized into an "Accessing Health Services Resource Manual" for incarcerated women, which, it is hoped, will provide female inmates with a map to navigate the process of accessing healthcare from entry into the correctional facility, during incarceration, and transitioning back into their communities.

Drawing on interviews conducted with women incarcerated in three English prisons, Laura Caulfield explores the extent to which women's mental health problems exist prior to incarceration, whether symptoms first occur in incarceration, and how incarceration affects this. Analysis revealed that while many women who experienced mental health issues in prison had experienced these issues in the past, a number of women reported first experiencing mental health and emotional problems only after entering prison. Although these problems often recede, this demonstrates the significant impact that entering prison can have upon the mental health of women.

Unusually, the data highlighted many positive experiences of support within prison. However, there was some lack of consistency in the treatment and support offered to women. The author notes that the study illustrates how prison can present an opportunity for women to engage with treatment. However, a need for a clearer understanding of women's needs and consistent and appropriate support still exists.

Josie Billington *et al.* report on a study that investigated whether shared reading (SR), a specific literature-based intervention, can be transposed to a prison context and whether any of the mental health and wellbeing benefits identified in other custodial and non-custodial settings, were reported by women prisoners. Using a qualitative approach involving observation of the reading groups; interviews and focus group discussions with participants and prison staff two intrinsic psychological processes associated with the SR experience were provisionally identified, "memory and continuities" and "mentalisation", both of which have therapeutic implications for the treatment of conditions like depression and personality disorder. While recognizing the limitations of the study, the authors conclude that women prisoners will voluntarily engage with SR if given appropriate support, and that the intervention has potential to augment psychological processes that are associated with increased wellbeing.

Our focus then turns to male prisoners: Katie Dhingra *et al.* report on a study that aimed to investigate the moderating role of psychopathy facets on the relationship between traumatic exposure and posttraumatic stress disorder (PTSD) symptomology among a sample of male prisoners incarcerated in the UK. Data were gathered by questionnaire from a sample of prisoners with 101 completed surveys forming the basis of analysis.

While noting the limitations of their study, the authors conclude that findings suggest an association between exposure to potentially traumatic events and PTSD among incarcerated male offenders. Importantly, this relationship was found not to be direct but was instead moderated by secondary psychopathy. The authors note that further longitudinal studies may advance our understanding of the mechanisms of the relationship between trauma exposure, psychopathy facets, and post-traumatic symptomatology.

The geographical focus shifts to Malaysia in our next paper in which Joseph Bick *et al.* report on a study undertaken to investigate the health status of HIV-infected prisoners in order to provide appropriate and effective prevention and treatment both during incarceration and after release. Sequential sampling was used to recruit HIV-infected male prisoners who were already aware of their HIV status. In total, 221 participants provided informed consent for complete evaluation and uniform collection of data. Participants underwent a comprehensive physical examination, medical record review, and clinically indicated laboratory testing.

The authors report that HIV-infected male prisoners are an especially vulnerable population with high comorbidity of infectious diseases and substance use disorders. Together, these comorbidities negatively and synergistically reinforce HIV risk and pose serious public health concerns. Although Malaysian prisons are important sites for diagnosis and treatment of communicable and non-communicable diseases, the resources allocated for the treatment of HIV-infected prisoners are currently inadequate to address the complex health needs of people living with HIV (PLH) most of whom will be released into the community. The authors call for interventions to increase the number of incarcerated PLH receiving treatment for HIV, HCV, TB, and addiction to be prioritized in order to improve health outcomes and prevent the emergence of drug resistance and transmission after release.

In our final paper of this issue, Ashleigh Djachenko *et al.* report on a study seeking to determine the best approaches to achieve smoking cessation in Australian prisons. In order to advance a more explicit understanding of the phenomenon from the prisoner's perspective, the authors aimed to generate a theory with respect to what smoking cessation means to prisoners, how they react in a smoke-free environment and the behavioural processes they undertake. Data were collected by semi-structured interviews guided by an interview schedule, from a sample of male prisoners in two south-east Queensland correctional centres. Basic demographic data were collected for the purpose of describing the sample.

The theory generated from the data was named "Engaging with Quitting" and consists of three major processes: evaluating the situation, adjusting behaviours, and forecasting the future. Each of these processes has its own sub-set of categories. The journey through these processes is not linear but rather a perpetual loop of experimentation, evaluation, and adjustment. Within these processes, three personality typologies emerge: the angry smoker, the shifting opportunist, and the optimistic quitter. This theory offers an interpretation of the impact of the prison environment on the process of smoking cessation and the mechanisms by which prisoners evaluate, adjust, and forecast their response.

While noting the limitations of the study, the authors believe that the work offers a unique perspective into the social processes that male prisoners undergo during smoking cessation in a smoke-free prison. One important finding is the improper use of NRT products within the prison that warrants further investigation, along with exploration of processes of quitting in prisons for populations not considered in this study.

Reference

Jamieson, S. and Boyle, D. (2016), "Pentonville inmate stabbed to death: two arrested over attack after ex-Team GB Olympian caught in lockdown", *The Telegraph*, available at: www.telegraph.co.uk/news/2016/10/19/inmate-stabbed-to-death-at-pentonville-prison/ (accessed 21 October 2016).