

UK PRISONS AND THE IMPACT OF HEALTH AND WELLBEING OF PRISONERS SYSTEMATIC REVIEW

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**MSc Public Health and
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UK prisons and the impact of health and wellbeing of prisoner's systematic review

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DECLARATION

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree

Signed N. Atkinson Date 10/01/2024

STATEMENT 1

This dissertation is being submitted in partial fulfilment of the requirements for the degree of MSc.

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STATEMENT 2

This dissertation is the result of my own independent work/investigation, except where otherwise stated.

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I

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ABSTRACT

This dissertation is based on a systematic review the title is UK prisons and the impact on health and well-being of prisoners this aims to promote attention to a silenced public health concern that is not recognised as a community that needs the attention of professionals, it also aims to guide the health care sector to see what's going wrong and to recommend their guidance and support as prisoners also have a right to quality health care.

Thought the research databases that have been used was PubMed ProQuest and science direct for the main body of literature, other sites such as google scholar and UK rules and regulations cites such as NHS, direct Gov Law and commons was used for Uk laws and regulations.

Summary of findings found that there is a major public health concern when it comes to health and wellbeing of prisoners in the Uk even though most publications found talked about mental health more than general health does not counteract that this problem still exists, there has also been a number of contributing factors that contribute towards the poor health and treatment to uk male prisoners, which found that the quality of health care delivered such as lack of screening, referrals and follow up appointments also laws regulations and the overall quality of the prisons.

To conclude it outlined that there are a number of factors that need to be looked into to help promote a better and more efficient health outcomes in UK male prisons more needs to be done in terms of set laws and the quality of standards delivers by the prisons, there also needs to be more research with prevalence rates and solely focusing on prisons services and the impact on prisoners health and wellbeing so that a step towards improving these services come easier.

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ABBREVIATIONS

CaSP, critical appraisal programme

MeSH, Medical subject heading

NHS, National Health Services

NDD- neurodevelopmental disorders and difficulties

PPI, Patient and public involvement

PQ, Prodrome Questionnaire

PTSD, posttraumatic stress disorders

QNPMHS) Quality Network for Prison Mental Health Services

UHR, ultra-high risk

UK, United Kingdom

VPU, or vulnerable prisoners' unit

CHAPTER 1: INTRODUCTION AND BACKGROUND

Chapter 1

1.1 introduction

The research will be based on a systematic examination of the efficacy of male prisons in the United Kingdom and how it impacts the health and wellbeing of male prisoners, Geographically, the focus will be on prisons in the United Kingdom, which house a sizable population, notably men, who now make up many convicts compared to females. A systematic review will be conducted, using a summary of primary research and many case studies study designs with a clear indication of the goals, resources, and methods using a collection of research databases. The research specifically attempts to explore the rights that inmates have in relation to their fundamental healthcare requirements and how the quality of services provided by UK prisons affects the health of the inmates under their supervision. A record high of 88,179 people was recorded in December 2011 the population has grown significantly for extended periods of time since 2010, if these difficulties are a problem in UK prisons, the combination of fewer prison officials, fewer cells, and more convicts produces a jail system that is chronically understaffed, overcrowded, and currently at capacity. The health and wellbeing of prisoners must still be preserved they have the same rights to basic health care requirements. Nearly 4 out of 10 offenders report having mental health or health related issues, according to the National Audit Office. Public health is a huge problem worldwide, but individuals in prison are typically overlooked when it comes to health concerns. In 2016, there were 40,161 incidents of self-harm in prisons. Public health is a major concern worldwide, but prisoners are often overlooked when discussing health issues however, since prisoners still make up a significant portion of the population, finding ways to improve their health can benefit the entire health system.

1.2 Background and Current Context

Prison conditions have been a problem for some time, and studies indicate that they are severely affecting the health and wellbeing of inmates this is also due to the social, economic and environment imposed such as overcrowding exceeds their permitted maximum capacity in the majority of UK prisons, a shortage of personnel prevents convicts from interacting with and using health and care services both within and outside of prisons (De Viggiani, 2007), additionally there is no support for inmates' health and wellbeing both while they are incarcerated and after they are released into the community, this issue is now posing a threat to the public's health (Plugge et al., 2014). the demographic on which this systematic study will be focused on is males since adult men make up the majority of inmates in UK prisons according to figures from June 2022, 96% of those imprisoned were men, with 4% of those being women (Harris et al., 2006), a number that had remained stable over the preceding five years. Men are more likely than women to acquire health problems while incarcerated, which will contribute to the development of various elements that have an impact on the health and welfare of prisoners.

While certain health concerns may have existed before the inmates entered the prisons, they continued to exist and frequently got worse while they were detained because of a lack of adequate treatment and help (Patel et al., 2018). Reports have suggested when in jail, several of the respondents had medical issues, which is connected to the adverse surroundings and prison atmosphere. The Prisons and Probation Ombudsman reports that mental health issues were present in 70 percent of convicts who took their own lives between 2012 and 2014. "Rising deaths show there are failures in reaching prisoners who need general medical and specialist mental healthcare," the Royal College of Psychiatrists said in a statement dated February 2017. Self-inflicted deaths in jail reached a record high of 120 in 2016 (1.4 per 1,000 convicts), almost twice as many as in 2012 (Morse, 2017).

It is estimated that between 10% and 90% of the 84,674 people who were jailed in England and Wales in 2016–17 experienced mental health issues, over the past five years, self-harm and suicide rates have significantly increased in jails, which may signal a decline in inmates' mental health and general wellness (Publication, 2017).

The purpose is to raise awareness of the disparity that exists inside UK jails when it comes to inmates' health and wellbeing by using the majority of primary-based research studies and prevalence's. By gathering pertinent data, it will be possible to make recommendations on how

the UK prison system can improve its services and offer and provide a better health system and help prisoners to maintain this once they are released.

The frequency of PTSD among convicts has been the subject of several studies conducted in the UK; estimates range from 1.7 to 13.9%. There are several mentally ill inmates. Adult prisoners are diagnosed with psychosis at an incidence of 8%, anxiety or depression at 45%, and traumatic brain injury at 60% (Baranyi et al., 2018). There are far too many unnecessary remands and small sentences that ought to have been substituted with community options since being imprisoned might exacerbate mental health problems. Along with self-harm and violent situations, the rate of suicides in prison has risen to worrisome heights in recent years (Fazel et al., 2016).

The variables influencing health-related issues within prisons will be revealed by evaluating the impact of UK prisons, it will also assist them identify measures they may take to enhance the quality of their services. There are many different types of conditions in the cells where criminals are confined for these unnecessarily lengthy periods of time, but poor ones are made worse by crowding. Out of the approximately 85,000 total convicts, Her Majesty's Prison and Probation Service (HMPPS) reports that 21,000 were housed in overcrowded conditions in 2016–17. Most prisoners assert that, in terms of personal cleanliness, they are able to take a shower each day, however some may argue that if the prisons are short staffed how is this possible (De Viggiani, 2007) The health decrease among inmates is caused by a number of reasons, one important aspect of male inmates' welfare is their mental health (Fazel et al., 2016). More people in prison than in the general population suffer from different mental illnesses, even though it is uncertain how much incarceration affects the likelihood of developing mental disorders, (Fazel and Seewald, 2012) there is evidence to indicate low rates of psychiatric disease identification and treatment Numerous modifiable risk factors have been discovered via research. Prisoners are more likely to commit suicide, self-harm, engage in violence, and experience victimisation.

It is possible that doing this study and making recommendations would assist to increase convicts' access to high-quality healthcare, but it will also necessitate continual assessment of the provision of healthcare in prisons (Reed and Lyne, 1997). Prisons may provide a chance to alleviate major health disparities brought on by the unfavourable cycle that prisoners experience. Nobody likes to see their health deteriorate, yet it happens far too often due to overworked personnel, heavy traffic, and subpar facilities. (Pitts, Griffin III and Johnson, 2014). The health outcomes and treatment standards offered by prison health and care services should be at the very least be on level with those of the broader public, this requires identifying and meeting unmet health and care needs, as well as supporting prisoners in leading more rewarding lives and reducing the strain on the healthcare system.

1.3 Rationale for Research or Problem Statement

The topic 'uk prisons and the impact on health and wellbeing of prisoners' has been chosen to bring attention to the problems that British prisons face, such as how they manage their services and systems and follow the laws and regulations established to maintain prisoners' health and well-being above minimum requirements hoping to inspire UK prisons to think about how important it is to make sure that these issues are taken into consideration by bringing awareness and providing a critical recommendation.

Limitations

Due to the current topic, there will be limitations to the work being conducted, such as the fact that it is not first-hand primary research and I am relying on primary research from other databases, which may not give the core root to the point that needs to be delivered such as a development of question for a questionnaire would have posed the chance to get the points of the topic, another aspect may be that this field of study is not recognised as a public health concern so they may be limited data found.

Limits will be established to make sure the supporting aspects don't take precedence over the main argument by reducing the amount of information around them.

Other limitations may entail lack of specific evidence linking the impact of prisons to health and wellbeing of uk prisoners as it two different issues that have been joined together, this may give separate results in which linking literature together may make it difficult.

1.4 Research question

The research questions the 'uk prisons and the impact on the health and well-being of prisoners' will be Analysed, the quality of UK prisons and how this affects the health and wellbeing of prisoners.

1.5 Research Aim

The aim of the research is to investigate the quality of UK prisons and critically examine how this has an impact on the health and well-being of prisoners.

1.6 Research Objectives

1. Asses the quality of prisons in the UK
 - How's its managed.
 - Why problems are occurring e.g. (not enough staff)
 - Reason to why basic needs for prisoners are not being implemented.

2. The health conditions that are brought on by the quality of prisons.
 - Include statistics.
 - Contributing factors

3. Look into the Policies and procedures (regulation, Human Rights Act) frameworks surrounding U.K. prison.

1.7 Chapter summary

To recap this chapter, a comprehensive evaluation of the literature will be done about prison conditions in the UK and how they affect inmates' health conditions. The study question has undergone a general background investigation. The goals and objectives of this study have been set to give my selected topic a strategic direction and purpose. They also serve to illustrate to the national healthcare services that the health problems of adult males in jail constitute a public health concern. The next chapter which is chapter 2 will contain the literature review.

CHAPTER 2: Literature Review

2.1 Introduction to Literature Review Chapter

Academic and scholarly publications, such as journal articles pertinent to my topic, will be the focus of the literature study, which will also draw on data from several databases.

2.2 Literature review

Searching three health databases, including ProQuest, PubMed and ScienceDirect, and using key words helped to produce a wider range of literature extracting the most relatable, research conducted have mostly been gathered from journals articles focusing on qualitative research to investigate a group of people or organisation over time. Due to inquiries into regulations and legislation, much of the study that has resulted from this component has been confirmed by UK government websites, which are the primary sources for accurate literature. Before beginning a new inquiry, conducting a literature review aids in establishing familiarity with and comprehension of the existing research.

Relevant literature

There are many research studies on the subject, some of which cover the fundamentals while others are contributing factors. It is crucial to look for the research that is most pertinent to the topic at hand in order to produce a well-supported recommendation. ProQuest, ScienceDirect, and PubMed are some of the research databases that have been used.

Health and well-being problems in UK prisons

Looking into emerging health issues for people in prison, indicates that there is a concern with uk male prisons and a gap in the public health sector that should be recognised, there has been much discussion on the negative effects of jail, including the denial of fundamental human rights and needs, the harm that prison does to inmates' bodies, minds, and social lives, and their institutionalisation and powerlessness (Towl, 1993). On research it has found that theirs a high percentage of death in jails worldwide, accounting for about half of all prison deaths, and mental health is a significant public health concern in prisons worldwide. Twelve Globally, the prevalence rates of a number of mental health illnesses are significantly greater among prisoners than in the general population (Stürup-Toft et al., 2018) In 1997, the Department of Health conducted a survey of prisoners in England and Wales, which

revealed that 72% of male had two or more mental disorders such as (personality disorder, psychosis, neurosis, alcohol problem, and drug addiction (Singleton *et al.*, 1997).

It is significant to highlight that, in line with trends in England, the number of suicides in prisons has been rising recently. This rise was preceded by a decline in suicide and self-harm deaths, which started to show up around 2012. The greatest increase in suicides occurred in the years 2015–16. As of 2015–16 (Ministry of Justice, 2017) (Rivlin *et al.*, 2010).

Looking into the Health and wellbeing problems that occur in UK Jails there was a number of articles that had the same occurring themes such as (Birmingham *et al.*, 1996) And (Fazel *et al.*, 2016) it is known that mental health in men in the biggest know health problem that faces uk male prisons (Steadman *et al.*, 2009) alongside factors such as substance misuse which stipulates that a prions environment does have an impact on the health and wellbeing of male prisoners (Nurse, Woodcock and Ormsby, 2003). Present in these findings show that mental condition was present in 26% of newly incarcerated individuals, with nearly 1/3 of them suffering from a severe disorder. Many of these illnesses went undiagnosed and untreated (Coid and Ullrich, 2011). Despite the possibility that the mental illness afflicting these male prisoners, it is questionable if eventually prisoners were diagnosed or treated during their incarceration. It is visible that there is a frequency of mental health issues and the need for inmate care in England and Wales.

Contributing factors

On Investigation into the Impact of uk prisons on prisoners' health and wellbeing have shown factors that may be contributing to prisoners' health or health decline, even though there is no evidence based on direct linked between these two Factors, but it has been something to thought about.

The social and physical settings of a jail have a significant impact on inmates' health and wellbeing. For instance, overcrowding, aggression, enforced seclusion, loss of privacy, meaningful activity deficiency, social network isolation, and uncertainty about future opportunities are only a few of the variables that negatively impact mental health (Baybutt & Chemlal, 2016). (Farrier, Bayburt and Dooris, 2019). Due to a lack of prison staff, 15% of inmate medical appointments were missed on average. Moreover, two-thirds of prisoners delayed seeing acute mental health physicians for more than 14 days, and some prisoners had to wait more than a year to be transferred to a secure mental health institution. (Ismail, 2020) There has been a continual decline in the number of worthwhile activities available to prisoners all these are suggested to be contributing factors to the development.

Ten percent of convicts were able to move freely for at least ten hours per day. A threefold increase in the frequency of self-inflicted fatalities (86 deaths per 1000) and an unprecedented 34,425 assaults between March 2018 and March 2019 were the results of this lack of intentional activities. Additionally, inmates' self-harm increased by 57% between March 2010 and March 2019 according to (Ryland *et al.*, 2020) lack of staff and access to basic human rights of freedom within the prison facility has shown to have consequences on the decline of prisoner's health and wellbeing.

The quality of prison primary care

The care of long-term medical issues, health advocacy, and the general medical needs of the prison population are the three main areas that arose from research done on male prisoners in the United Kingdom. Because the prison population's health demands in all of these categories are substantially higher than those of the general public, there is a large demand for primary care services in jail. (Condon *et al.*, 2007; Prison Reform Trust, 2005). However, the jail environment may make it more challenging to offer inmates excellent primary care. (Condon, Gill and Harris, 2007).

The significance of general practitioners in enabling access was underscored, along with the need for dependable relationships, flexibility, and proficient communication (Quinn *et al.*, 2018). When examining the prisons delivery on health care it was known that constraints impacting inmates' access to secondary care, (Edge *et al.* 2020) noted several challenges, including the requirement for escorts, the stigma attached to showing up in handcuffs, and a loss of confidentiality when prison authorities are present during consultations.

On the other hand, not much study has been done on the best services to offer, who is best suited to offer them, how best to deliver them, and if they are effective (Hek, 2006).

Additionally, the reasons behind inmates' use of basic healthcare services and the impact of the prison environment on their health-seeking behavior are the subject of relatively little research, and most published studies often fail to include the perspective of inmates (Hek *et al.*, 2005).

laws and legislation

In the past, domestic laws have largely shaped how convicts are treated while they are in custody. The Prison Act of 1952 (Howard, 2023) gives the Secretary of State the authority to

establish guidelines for the administration and structure of prisons, but it does not specify in detail how they should be operated. Instead, it establishes a framework of legal obligations. (Genders and Player, 2014), there have been little evidence to suggest reasons to why UK prisons cannot carry out their duty of care to towards prisoners however research has indicated that it is due to racist institutional practices (Hannah-Moffat, 2000), implement policies and procedures.

In order to guarantee that persons who utilise services in secure settings will receive the same level of care as the general public, the Care level Commission (CQC) is tasked with monitoring, inspecting, and regulating health and social care inside the criminal justice systems. (Durcan, 2021)

Similar to other care services, the majority of healthcare services provided in secure environments in England are required to register with the CQC (some exceptions apply). The Care Quality Commission (CQC) conducts inspections of various health services, including those provided by juvenile offending teams and prison healthcare. The CQC collaborates with other inspectorates and use distinct frameworks to examine different service categories (England and Improvement, 2011).

Everyone, regardless of identity, is entitled to health care as a human right. The needs of the most vulnerable, marginalised, and underserved groups should be the focus of society's attention. The moral need to ensure health is completely inclusive and free from discrimination in all circumstances is essential to comprehending universal health care however coupled with resource scarcity and congestion, created a setting in which the jail is systematically unable to carry out its duty of care this is shown through looking into other sources of literature, lack of knowledge of screening tests, short staff, lack of communications are some of the issues throughout which have been mentioned to why UK male prison health care system is failing even having QCQ, and laws in place

Summary and key findings from relevant studies.

Citing the research paper on the quality of prisons, the study acknowledges that a greater number of convicts have health or wellness problems, hence giving rise to worries over public health concerns (Dumont *et al.*, 2012). Research has unambiguously demonstrated the necessity for primary care systems to be modified in order to improve the standard of basic medical care provided to inmates. The results showed differences in the standard of primary care in many jails and plenty of room for improvement.

There isn't much evidence connecting environmental factors to health and wellbeing problems among male prisoners in the UK, but a number of contributing factors have been shown to raise theories as to why these problems might be occurring, It is also unclear whether some of these are pre-existing conditions or whether they are an initiate for these health and well-being disorders. One such theory is that the absence of enforced laws and regulations inside the prisons may be linked to similar problems with inadequate medical care, such as overcrowding and lack of staff.

The strengths and weaknesses of previous research.

The strength of this study lies in the provision of evidence-based literature on prisoners' perceptions of the direct medical treatment they get. Existing studies that are pertinent to this field of study and could have provided light on the requirements and experiences of inmates with regard to their prison environment were available, however literature may lack a common base as many of the literature are from different UK male prisons all over the UK which may only give a overview as Scotland, and Wales prisons may follow different protocol from England, but on the other hand these studies have produced significant evidence on the UK as a whole and different issues occurring.

Overcrowding, prison staffing, and sometimes restricted access to healthcare were identified as significant risk factors for prisoners (O'Moore, 2020). comparable subjects covered in comparable articles had similar results, (Heidari, Dickson and Newton, 2014), (Stürup-Toft, O'moore and Plugge, 2018) demonstrating consistency and the issues surrounding medical treatments and the number of convicts acquiring mental health conditions.

Research on the effects of prison-related factors on inmates' health and well-being is limited; only a small amount of studies connects the two. Therefore, more studies that concentrate only on the effects of this prison will be able to develop more long-term strategies for enhancing the associated risk factors to inmates' health and well-being.

Gaps and limitations in existing research.

Due to gaps in relevant research that have been carefully analysed, there is no correlation between the health of the jail population and the condition of the institutions. There are also clear exclusions and limits in the data because the previously mentioned papers all deal with primary healthcare and the calibre of treatment provided in prisons. Most studies had small sample numbers or were carried out in various correctional settings, which restricted their applicability. It is crucial that research consider the significant differences in services

provided by jails and how this affects the way inmates see medical care. many data showing impairment indicators.

A deeper comprehension of the obstacles preventing inmates from receiving medical care is also necessary. More information should be gathered through more evidence-based research so that prison circumstances may be assessed to assist inmates in maintaining a healthier lifestyle while they serve their sentences, as they are legally entitled to. Few studies have been conducted on the effects of prison surroundings on the health of inmates. The health and well-being of inmates are influenced by several circumstances; nevertheless, there is a lack of empirical data in the UK to suggest a direct correlation between the two.

2.3 Chapter summary

The literature review conducted above helped to evaluate the material for the research topic and determine if it is pertinent. It is based on studies conducted on the issue of jail quality and how it impacts the physical and mental health of male offenders in the United Kingdom. The following chapter will address methodology, which will reflect on techniques and strategies used to locate, choose, examine, and evaluate evidence on the chosen topic.

CHAPTER 3: METHODOLOGY

3.1 - Introduction to Chapter

The methodology for the research topic, "UK prisons' impact on the health and wellbeing of prisoner's systematic review," data for the study was gathered using a variety of health databases, including PubMed, ProQuest, and ScienceDirect. This chapter will provide the research approach as described in the PEO framework, as well as the important terms that were utilised to analyse the study data and provide ethical considerations to the chosen topic.

3.2 Systematic Literature Review (SLR)

A systematic literature review (SLR) is an independent academic technique that seeks to locate and assess all pertinent literature on a subject in order to draw conclusions on the matter at hand, first step is a clearly stated research topic that fills a hole in the existing body of knowledge serves as the foundation for your synthesis. Before an article can be considered for a review, you must select the material that it **MUST** include. It must also show clear view of which characteristics would exclude a piece of writing from the review, continuing will be a search strategy this will include the PRISMA. The reason for conducting a SLR it helps to go deeper into topics being investigated and Identify gaps in research in which should be investigated further.

3.3 Search Strategy

When searching a database, a search strategy is a structured set of keywords, phrases, topic headers, and limiters that also contains Boolean operators. With different search keyword combinations. The search was achieved by using the PEO (population. Exposure, outcome) Framework, which helps you in order to define research, PEO formulation guidance creates aims in carrying out systematic reviews, and helps to generate health recommendations, a properly worded question must first be developed. In order to evaluate the relationship between exposures and results in relation to the research topic it helps to narrow down the population which is Adult Men exposing the impact of UK Prisons and how this affects the health and wellbeing of prisoners the outcome is to put forward recommendations to help protect the rights to health for male prisoners and ways to which prisons can improve their facilities to help promote health

3.4 Search terms

The words typed into the database search fields are known as keywords, or search phrases in common parlance. They serve as both a metaphor for the major ideas of your study topic and a colloquial term for the subject. You can have trouble locating the articles you need if you don't use the proper keywords. Synonyms accomplish two things, to begin with, employing synonyms can assist you in selecting terms that are more appropriate for the idea you want to get across. They also urge you to avoid overusing the same terms in your writing and to explore a broader vocabulary.

Searches	Boolean
1.	((UK prisons) AND health wellbeing) AND male prisoners
2.	((health) OR wellbeing) AND male prisoners) AND UK
3.	((males prisoners health) OR wellbeing) AND prisons impact UK
4.	((UK prisons) OR males health) AND wellbeing
5.	((health) AND well-being) AND uk male prisoners

Table 1: PICO/PEO Framework

Population/ Problem Who or what you are studying	Males UK prisons Health and wellbeing of prisoners
Exposure What is the population exposed to	Mental health illness Death Other non-communicable diseases
Outcome What is the outcome of the exposure on the population.	Lack of support for men when released into the community. Developing health condition that may lead to other diseases.

ProQuest, PubMed, and ScienceDirect databases were utilised to find pertinent literature; all laws and legislations were sourced from official government websites; synonyms were combined using the MeSH'S (medical subject heading) database, which indexes citations and allows users to retrieve records on specific topics regardless of the terms used by the author. Below is how search was conducted using Boolean operators.

3.5 Key Words

Relevant literature for study may be found by using keywords, which are certain terms or phrases that target what you're looking for while searching and link in your search results.

Prison – incarceration, confinement, jail, lockup

Health- quality of life, health inequalities, wellness, health and wellbeing

Laws- framework, regulations

3.6 Databases

ProQuest, ScienceDirect, and PubMed were the databases used to conduct the literature search for the selected topic area. Several databases were employed since they provide access to a greater variety of literature than other databases may. Use of pertinent databases is critical. You may find papers and other materials written by experts in particular fields in research databases. They are therefore frequently more trustworthy than a source you may locate via a standard search engine. By visiting trusted websites, you may receive help with the task at hand and make sure you use appropriate information. A variety of database offers not only the chance to learn more about a certain subject, but also a window into how that subject was investigated in the past. It aids in concept interpretation, flaw detection, and opportunity recognition. Simply said, conducting planned, methodical research can aid in the creation of unique research (Grewal, Kataria, Dhawan, 2016).

3.7 Inclusion/Exclusion Criteria

Establishing inclusion and exclusion criteria for study participants is a standard, crucial step in developing high-quality research processes. The inclusion criteria are the fundamental traits of the target population that the researchers will use to solve their research question (Meline, 2006). Typical inclusion criteria include demographics, clinical contexts, and geographic considerations. On the other hand, features of potential research participants who meet the inclusion standards but display additional attributes that might compromise the efficacy of the study or increase the probability of a poor outcome are referred to as exclusion criteria. (Connelly, 2020).

3.7.1 Inclusion Criteria

As there are varied adult ages taken in inside an adult jail, the inclusion must include adult males currently incarcerated; this will range in age from roughly 18+. Geographically, the research will be based in the UK since it complies with UK legal frameworks and legislation. since the research's focuses on health and wellbeing, doing it elsewhere would complicate the topic. It will not be limited to a single healthcare issue in terms of health and wellbeing because doing so might skew the research findings case study designs using a qualitative approach as it is based on impacts and not prevalence rates will be used for the purpose of using case studies is to get detailed, contextual, and tangible understanding of a particular real-world topic. It enables investigation into the main features, interpretations, and consequences of the case.

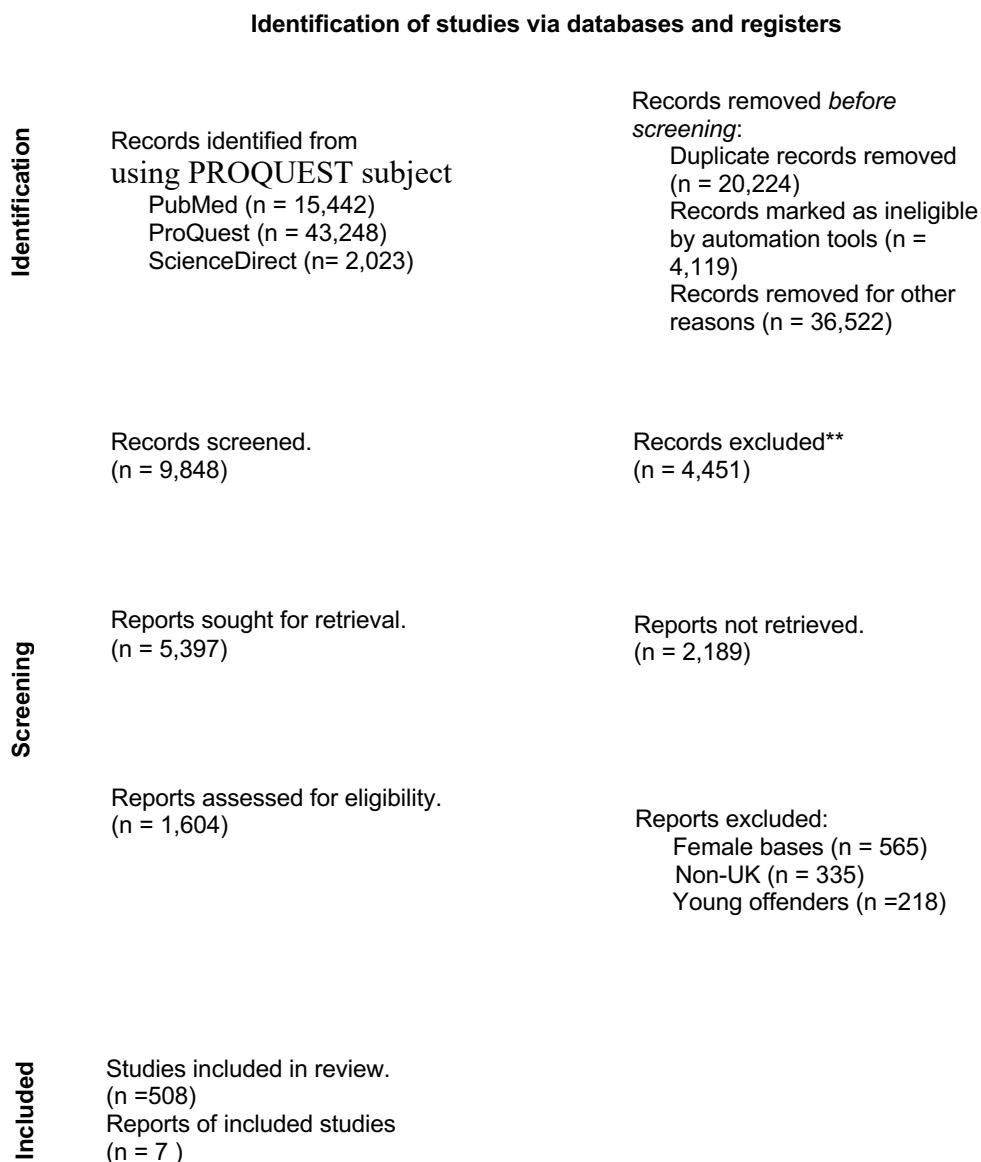
3.7.2 Exclusion Criteria

The exclusion criteria for the chosen topic are young offenders as they do not meet the age requirements for the population, females that are also within a prison setting also do not meet the requirements of the topic area, the general population who are not within a prison setting are also excluded, also any information based out of the UK will not be appropriate for this research. Quantative research will also not be included as it's about the quality of findings and not based on a statistical rate or prevenances.

3.8 Search Results

The PRISMA flow diagram provides a visual summary of the screening process. The selection process is made fully clear by first recording the total number of publications that were found and then reporting on the choices made at various stages of the systematic review. Several articles are mentioned at different stages. (Rethlefsen & Page, 2021).

Figure 1: PRISMA flow chart



(Page MJ, et al., 2020)

3.9 Ethical Considerations

The term "ethical concerns in research" refers to a set of guidelines that govern your study designs and procedures. These guidelines have been taken into consideration when conducting relevant data research by upholding scientific integrity, the reason for having ethical consideration is to enhance study validity, and safeguarding the rights of research subjects. Respect for human rights and dignity is based on avoiding bias as well as preventing plagiarism. Other ethical considerations when selecting literature include looking for relevant articles, selecting an appropriate orientation from an epistemic perspective, and evaluating, interpreting, and synthesising data from specific reports. The welfare, rights, and self-worth of research participants must all be upheld by adhering to ethical norms. Therefore, any research involving human beings should be evaluated by an ethics committee to ensure that the correct ethical standards are being followed.

3.10 Chapter Summary

This chapter discussed the value of research as well as the PEO and PRISMA frameworks for presenting reliable research. The research databases that were used were additionally provided. Also described are the inclusion and exclusion criteria that were considered when conducting literature research. The method utilised to address ethical concerns is also explained in this chapter. The next chapter will explain Data evaluation.

CHAPTER 4: DATA EVALUATION

4.1 introduction to chapter

In order to include valid literature in the systematic review, this chapter will discuss data evaluations, the significance of data evaluation, the tools that have been used (such as critical appraisal tools), and the rationale behind their optimal use for the studies.

4.2 Critical appraisal and paper quality assessment.

Critical appraisal is the process of thoroughly and methodically evaluating research to determine its value, relevance, and reliability within a certain context.

The crucial steps in using critical appraisal assessments are analysing a study critically entails identifying the processes of the research process, assessing the study's strengths and limitations, and assessing the validity and significance of the findings. It is important to include these techniques as it can aid inexperienced researchers in methodically identifying important study components. They can make sure you address criticism points you may not have considered. Studies of low quality are more likely to be biased, which calls into doubt the reliability of the results. Therefore, it is crucial to critically appraise every study (a methodical reading of a study to identify its main advantages and disadvantages) in order to evaluate the likelihood of bias and the validity of the findings.

4.3 Critical Appraisal Tools

Analytical assessments of the study's quality, particularly regarding the techniques used to reduce biases in a research endeavour, are provided by critical appraisal tools. This information is essential for research consumers to determine if study results can be trusted and correctly translated into other contexts, as these characteristics may have an impact on the study's outcomes and how they are understood.

Examining the studies in the review for quality, dependability, and relevance to the review issue is known as critical appraisal (Munn *et al.*, 2014). Each of the 7 studies used for the systematic review has been evaluated according to the following criteria, does the study

make sense in relation to the inquiry? The studies validate. The credibility of all 7 articles used should be present in the reviews.

4.4 Evaluation of Qualitative Studies using any appropriate tool

A series of inquiries called the Critical Appraisal Skills Programme (CASP) checklists is intended to help you evaluate research publications. Comparing this appraisal tool to others such as Colgan and JBI, it was the most suitable instrument to utilise because it helped with multi-step, complex activities. Finding relevant literature by carefully examining each point to ensure its credibility was made possible by using CASP as the critical appraisal tool for the qualitative studies for the chosen research question on the impact of UK prisons on the health and wellbeing of prisoners. The CASP tool's questions help identify the essential elements of a research article, for instance, assessing how well the author explained the procedures followed in each of these areas during the study and providing justification for each decision taken, as well as the sample, data collection, analysis, and outcomes. promoted a comprehensive strategy by making sure that all pertinent variables were taken into account by offering a framework for reference, decision-making was also consistent. Additionally, compared to the other research designs, which are more concentrated on mixed methodology or quantitative data, it is more suitable for case studies and qualitative research designs.

Using the CASP sheet helped me to collect these relevant studies used.

(Perrett *et al.*, 2019, Woodall *et al.*, 2013, Kothari *et al.*, 2022, Facer-Irwin *et al.*, 2023, McCarthy *et al.*, 2015, Tyler *et al.*, 2019, Danks and Bradley, 2018) The CASP tool helped to determine and consider the following three overall quality metrics: relevancy, rigour, and believability presented. 7 credible research studies were found with the help of CASP sheet which will be displayed

in Appendix 2 which is the CASP Appraisal tool that has been used for this systematic review.

CHAPTER 5: DATA ANALYSIS AND SYNTHESIS

5.1 Introduction to Chapter

This chapter will include the stages of data analysis and synthesis.

Using the synthesis model to present the current themes that have emerged from the articles.

5.2 Thematic Analysis

Thematic analysis is an approach to qualitative data analysis that entails reviewing a set of data and searching for trends in the way the data is interpreted to determine themes.

Personal experience of the researcher plays a critical role in the active, reflective process of interpreting the findings. Using data coding, a systematic approach to creating descriptive and analytical themes is known as thematic synthesis. SLR has employed theme analysis to synthesise quantitative results, particularly in cases where data inconsistency precludes conducting a meta-analysis.

5.3 Data analysis tool

The framework used to analysis and synthesised the relevant studies used in the SLR was Braun and Clarke (2006) this framework consists of six stages.

1. Familiarisation rereading the complete dataset is necessary for familiarisation in order to have a thorough understanding of it.
2. Step two: creating the first coding, the essential components of what will eventually become themes are codes.
3. Phase three: coming up with ideas after all pertinent data items have been coded, this step starts.
4. Phase four examining possible topics.
5. Step five: identifying and labelling the theme.
6. Phase six: producing the report.

This framework gives the ability to compare and contrast data by themes across several cases as it is crucial, giving the ability to place each perspective in context by maintaining its relationship to other elements of each person's narrative which has been implemented in the thematic analysis.

5.4 Characteristics of the identified studies

The identified 7 studies was all conducted in the United Kingdom this will be present in the characteristics table in Appendix 2.

5.5 Emerging Themes from included studies Analysis of included studies

The following themes were developed from the articles during analysis and categorised under the topic area of "impact of prison on uk prisoners": prisoners, the health care system in prisons, laws and regulations, and the quality of prisons. By grouping the findings into themes, it was possible to synthesise the findings and gain insight into new findings that had not been identified throughout the systematic review.

Theme A- Prisoners

Contributing factors

Theme A was created on the occurrence of the relatedness between the relevant articles which links to the prisoner's views of their healthcare, and evidenced based literature to the problems that are occurring with the prisoner's health and wellbeing these have shown the same pattern throughout numerous literatures. There have also been subgroups created under this heading as it relates to the main point contributing factors are all the factors associated with the prisoner's health and well-being and solutions that have been identified throughout the current literature that has been highlighted to help.

(Facer-Irwin *et al.*, 2023, Tyler *et al.*, 2019, Danks and Bradley, 2018 and Kothari *et al.*, 2022). Table 2 further supports the need for increased knowledge and communication about mental health concerns based on the analysis of pertinent literature that the inmates completed regarding their experiences obtaining healthcare in a prison setting.

The issue of inmates brought to light the reality that a large number of them are terrified to even acknowledge that they are exhibiting symptoms or indicators of mental illness. Some

articles talk about the difficulties in expressing one's feelings, while others offer strategies for reducing this anxiety. Communication is the key to lowering this anxiety, and if barriers to it are removed, inmates may feel more comfortable discussing mental health concerns. The psychosocial experience of incarceration has been found to function as an extra stressor upon the mental wellbeing of inmates and is one of the key factors contributing to mental health in male prisons. All of the publications provide evidence of this. The conditions of incarceration are thought to make it more probable for those residing there to adopt (or stay in) the "survival modes" that, in theory, connect violence and post-traumatic stress disorder (PTSD). It discusses the fact that slightly more than 25% of participants had made at least one attempt at suicide during their lives is one of the main causes of the emotions that inmates are experiencing. The fact that more than half of the jail population suffers from a mental health condition that is neither acknowledged nor treated makes it clear from all pertinent publications that this is a public health concern.

Conclusion

All publications have gone into depth highlighting the issues that UK male prisoners face when it comes to their mental health their seems to be contributing factors from all articles reasons to why those are struggling with mental health within uk male prisons and find it hard to seek help, not only this there is a high percentage of evidence that suggest there is over half the uk male prison population that is suffering with a health or mental health related problem, and that is not being recognised or treated by the prisons healthcare services.

Theme B- The quality of uk males' health care system

The health care system topic was developed because it is a recurring problem in the papers that served as inspiration for themes: UK male inmates' fundamental healthcare needs are not being met by the system, which has been observed to occur in these institutions, this consist of not even being screened for health conditions, or staff not knowing what to do with that sort of information when confronted with it, prisoners are dealing with are highly recognised. A consistent comparison of all the articles revealed that there is a pattern of health-related issues that are persisting in UK male prisons (McFadzean *et al.*, 2023).

(Perrett *et al.*, 2019, Woodall *et al.*, 2013, Kothari *et al.*, 2022, Facer-Irwin *et al.*, 2023, McCarthy *et al.*, 2015, Tyler *et al.*, 2019, Danks and Bradley, 2018) all articles state that there is still a significant prevalence of mental illness among inmates. Pre-existing and ongoing mental health difficulties are still quite common among those incarcerated in the UK;

prevalence rates were 4.5–5 times higher than those in the general population, indicating that this is a cause for worry. This is mentioned in Paper 1 as well. The number of suicide fatalities is at an all-time high, and the prison system is acknowledged as being "under serious and sustained pressure." One of the most obvious health issues in UK male prisons is the high percentage of inmates who stated they had no recent interaction with mental health services offered by the facilities.

There has not been a breakthrough in jail healthcare, despite all the papers discussing the healthcare concerns facing male inmates in the UK (Perrett et al., 2019). This suggests that untreated and undiagnosed depression was a major factor associated to male inmates. Furthermore, compared to the general population, the prevalence rates of both psychotic disorders were greater. The current study and many others on suicide point to the similar tendency. Furthermore, previous studies in the field show that a relatively small proportion of individuals who disclose a past diagnosis or screen positive for a present mental health need are incarcerated and not receiving treatment at this time.

The studies consulted indicate that general health treatment in male prisoners in the United Kingdom is not up to standard. In particular, there was a significant level of unmet current mental health demand and, at the time of the study, only approximately half of prisoners with a prior diagnosis of a mental illness were receiving treatment from prison mental health services.

(Facer-Irwin *et al.*, 2023) Although fewer than 50% of participants who had a prior diagnosis reported having contacted mental health prison services recently, research published indicates that PTSD is a treatable disorder that is frequently overlooked or undertreated by mental health providers in prison environments.

Results support earlier studies by indicating that the sensitivity and specificity of current screening instruments may be lacking. Instead, a more thorough, gender-focused primary mental health screening upon initial prison admission could help identify inmates who require additional mental health assessment and/or treatment.

Conclusion

The research papers utilised in this study's theme of the health care system for male inmates in the UK revealed that the system was failing to meet the inmates' basic medical needs, and that over half of mental health conditions are not even recognised, much less treated. This finding is consistent with most of the literature, which indicates that as many as

46–64% of inmates' mental health needs remain unmet. It also demonstrated that the results of healthcare in UK male prisons are the same regardless of the type of condition that has developed it could be PTSD or ADDA, for example.

Theme C- rules and regulation.

Even though there isn't much information available, it's still vital to include the laws and legislations because they will aid in formulating recommendations. This theme includes any laws or legislation that are intended to be enforced in order to correct the rights of prisoners. After analysing the literature, it revealed similar rules and regulations that have been outlined below.

(Kothari et al., 2022, Danks and Bradley, 2018, McCarthy *et al.*, 2015, Tyler *et al.*, 2019,) all articles put forward different laws and legislations that helped to protect the rights of prisoners in the UK.

stated the key regulations that need to be put into place in UK prisons. The new NICE guidelines and the NAO report both offer a clear set of recommendations that make it possible for care to be identified, coordinated, and delivered in an effective manner were as (Perrett *et al.*, 2019) spoke about the Scottish Penal policy (Coates, 2016; The Scottish Government, 2015). The collaborative study effort showcased a cross-disciplinary approach to promoting the welfare and rehabilitation of incarcerated individuals, including patient involvement with health and education.

Compared to (Kothari et al., 2022) that shows exactly who is actually responsible for uk male prisons healthcare services the article shows evidence that the home office lost control of commissioning jail health treatment when the national health service (NHS) took over this duty, After more than ten years, mental health intervention teams, or MHITs, continue to be the primary or exclusive source of mental health care in the majority of UK prisons.

Danks and Bradley, 2018, McCarthy *et al.*, 2015 demonstrates the continued disparity that exists between the implementation of prison health policy and its culture, as well as the environment, lack of resources, and jail environment.

Conclusion

The theme of laws and legislation was developed because it was pertinent to the current research question, which concerns the impact of UK prisons on the health and well-being of inmates. The four articles that were used highlight the significance of identifying which

organisations are in charge of providing health services, and even though they present differing perspectives, they all aim to accomplish the same objectives when it comes to putting laws into effect, good practices, and how to apply them in UK male prisons.

Theme D- Quality of prisons

The quality of prisons subject originated from the abundance of literature from all publications that demonstrated a pattern of what's happening in male prisons in the United Kingdom with regard to their delivery, the things that are effective for the prisons, the things that are not, and the potential causes.

(Perrett *et al.*, 2019, Woodall *et al.*, 2013, Kothari *et al.*, 2022, Facer-Irwin *et al.*, 2023, McCarthy *et al.*, 2015,) According to the aforementioned articles, prison violence is a major obstacle to providing trauma-informed care and is a major setback in providing high-quality care for inmates. There is an evident need for more efficient evaluation and intervention techniques to deal with violent conduct given the numerous instances in which the safety of prisons around the country has been questioned.

Compared to articles from (Tyler *et al.*, 2019, Danks and Bradley, 2018) That discusses to guarantee the efficient identification and treatment of inmates with mental health requirements, discussions should be held to increase the understanding of mental illness.

(Facer-Irwin *et al.*, 2023; Kothari *et al.*, 2022). In conclusion, there has been much debate over the safety of jails across the nation, which makes it clear that better evaluation and intervention techniques are required to deal with violent behaviour. Additionally, it was mentioned that the perception of safety inside the jail was crucial to its overall quality, since it was directly linked to inmate wellbeing and mental health. The foundation of developing trauma-informed care is prison violence. In contrast to McCarthy *et al.* (2015), This study emphasises how important it is for prison staff to have training and awareness-raising in order to identify, comprehend, and assist inmates with mental health disorders like non-depressive disorder (NDD).

Conclusion

This theme quality of prison puts forward the quality of the services that are being delivered by staff in the UK male prisons there has been a lot of related points in relation to how the prison runs its services, there's also a lot of awareness into issues that are happening withing

the prison the articles highlight similar areas that quality of prisons services could improve on it also identifies the feelings of uk male prisoners when it comes to using their service.

Table 2

Themes

Prisoners	Violence in prison is a common problem, ¹ with a significant deleterious impact on prisoner and staff group physical and mental health.
Contributing factors towards health and well being	<p>prison violence is central to the development of trauma-informed care.</p> <p>prisoners with PTSD were less likely to be identified, monitored or treated by prison healthcare systems.</p> <p>Careful identification and treatment of these symptoms and this disorder may help to reduce both individual distress and rates of violent behaviour in prisons.</p> <p>The context of imprisonment is likely to increase the probability that its inhabitants will enter (or remain in) the 'survival modes' that theoretically link PTSD and aggression,</p>

(Facer-Irwin et al., 2023)

The study identified a considerable number of prisoners with NDD, many of whom had previously gone unrecognised. Our previous report found that these individuals experienced significantly higher levels of social disadvantage compared with other prisoners.

(McCarthy et al., 2015)

Communication between the men and healthcare services was rated negatively with 54 per cent of men considering it poor or very poor.

The need to be able to effectively communicate, both within and outside the prison

57 per cent also expressed a good relationship with their personal officer suggesting a supportive, communicative relationship with a personal officer can positively influence emotional wellbeing.

Those men who felt that their emotional needs had not been met were also more likely to describe the communication between healthcare as “very poor”.

Those who felt they were respected were more likely to report positive emotional wellbeing.

feelings of safety in prison were so closely tied to health and wellbeing.

(Perrett et al., 2019)

levels of comorbidity were high, with over half of all participants screening positive for two or more types of mental disorder on the screening measures.

prevalence rates were also above that of the general population for both psychotic disorders.

Pre-existing and current mental health issues remain highly prevalent amongst individuals detained in prison in the UK.

(Tyler et al., 2019)

individuals to be cautious in who they chose to disclose concerns to

being transferred to closed conditions for reporting common mental health issues further contributes to the barriers in accessing support for mental wellbeing.

(Danks and Bradley, 2018)

the prevalence of mental health disorders is higher among prisoners than the general population, with an estimated 90% of prisoners in the UK thought to meet the criteria for a diagnosis of psychosis, anxiety, depression, personality disorder and/or substance misuse disorder.

The majority of prisoners has had no prior contact with mental health services, making prison an opportunity to identify and support individuals with mental health difficulties.

The prevalence of mental health disorders that MHITs are not commissioned to support appears to be high among prisoners, with a recent screening study of 13 UK prisons finding high rates of anxiety disorders (27%), mood disorders (59%), post-traumatic stress disorder (38%) and personality disorders (51%) and only 19% of prisoners screening positive for psychosis,

In 2016 incidents of deliberate self-harm reached a record high of 40,161, and 133 prisoners took their own lives, with 70% of these individuals having previously been identified as having mental health needs.

(Kothari et al., 2022)

**Quality of
prison health
care**

PTSD is a treatable disorder yet is often not adequately detected or treated by mental health professionals working in prison settings.

(Facer-Irwin et al., 2023)

prison staff referred a high number of prisoners for NDD assessment, and it was clear that healthcare staff did not feel that they could carry out these assessments themselves. Perhaps, this is one reason why offenders with NDD often go unrecognised in a prison setting.

(McCarthy et al., 2015)

Results suggest those with longer sentences are most likely to have experienced a change in emotional needs.

Previous studies have demonstrated that where inmates feel supported and respected by staff, they are more likely to perceive their prison circumstances as positive thus improving wellbeing.

Communication was a key issue for men in prison throughout the peer research project and was inextricably linked with themes of respect, safety and emotional wellbeing. Communication facilitated through social and community networks is a recognised wider determinant of health.

(Perrett et al., 2019)

a large proportion reported having no current contact with mental health services.

mental disorder continues to be highly prevalent amongst individuals in prisons. Prevalence rates were 4.5–5 times higher than that found in the general population.

both the current study and previous research in the field suggest that only a small proportion of individuals who either report a previous diagnosis or screen positive for a current mental health need currently receive treatment within prison

Previous research suggests that as many as 46–64% of prisoners' mental health needs remain unmet.

only around half of those with a pre-existing diagnosis of a mental disorder were currently receiving treatment from prison mental health services and levels of unmet current mental health need were high.

(Tyler et al., 2019),

key partners" including peer mentors as crucial to improving wellbeing in the prison setting.

(Danks and Bradley, 2018)

**Laws and
legislation**

With fragmented and incomplete NDD care pathways, it is often following a crisis that this group will come to the attention of general or forensic mental health services.

(McCarthy et al., 2015)

Public and patient involvement is an expectation in the design of NHS health services (The Welsh NHS Confederation, 2018) prison policy (The Scottish Government, 2015; Coates, 2016). The peer research project demonstrated something that crosses both patient engagement with health and education, an example of cross-discipline working towards an all-prison approach to the wellbeing and rehabilitation of those in prison.

(Perrett et al., 2019)

Both the NAO report and the recent NICE guidelines [3] provide a clear set of recommendations to enable the effective identification, coordination, and delivery of care.

(Tyler et al., 2019)

Assessment, Care in Custody and Teamwork” (ACCT)

policy and local delivery or a lack of consistency with individual staff approaches (Moore and Hamilton, 2016). Information sharing is an integral part of effectively negotiating the barriers to providing and accessing support for mental wellbeing across the prison estate and in offender health more broadly.

(Danks and Bradley, 2018)

national health service (NHS) was made responsible for the commissioning of prison health care, removing this responsibility from the home office.

Just over a decade later MHITs (Mental health in reach teams) remain the main or only provider of mental health care within most UK prisons.

(Kothari et al., 2022)

Quality of prisons Increasing resources for interventions aimed at treating post-traumatic stress symptoms could have a roll- on effect in reducing aggressive behaviour among offenders with PTSD,

(Facer-Irwin et al., 2023)

Lack of capacity or ability to assess NDD is an issue not only for prison mental health services but mental health services in general.

The study highlights the need for training and increased awareness within the prison system so that all staff can recognise, understand and know how to work with prisoners who have NDD.

Improvements in prison healthcare should include the recognition of NDD as currently happens for prisoners with severe mental illness.

using prison staff as informants or self-rating screening tools neither of which is likely to be suitable for prisoners with such disorders.

This situation is exacerbated by poor identification due to a lack of routine screening for NDD and awareness of these conditions by prison staff.

identification of prisoners with NDD in combination with awareness training for all prison staff.

(McCarthy et al., 2015)

The prison regime restricts communication by limiting contact with others. The need to be able to communicate effectively within the allowed mechanisms appeared positively linked to wellbeing.

who reported good communication between themselves, and prison staff were more likely to report positive emotional wellbeing.

improving safety, communication, levels of respect within the prison, and meeting emotional needs will have a positive effect on the health and wellbeing of men resident within vulnerable persons units in prison and will help foster a rehabilitative environment.

investment in the relationships between staff and men in prison will improve communication and feelings of being respected thus having a positive effect on emotional needs and feelings of safety.

(Perrett et al., 2019)

the psychosocial experience of imprisonment has also been found to act as an additional stressor upon individuals' mental wellbeing.

improve prison staff knowledge and understanding of mental illness as well as the screening process to ensure the effective identification and treatment of individuals with mental health needs in prison.

findings reinforce previous research, suggesting that current screening tools potentially lack sensitivity and specificity and that a more comprehensive, in-depth, and gender-focused primary mental health screen upon initial reception to prison could help to identify those who warrant further assessment and/or treatment for mental health issues.

(Tyler et al., 2019)

a lack of communication and shared information which may be creating a reluctance in prisoners to share their mental health needs with prison staff.

staff outlined the lack of presence and part time provision due to the shared healthcare service with the local Category B establishment.

The lack of information sharing within the prison, regarding the continuity of the ACCT process, highlights the need for further training surrounding effective communication between departments within the prison.

prison system that is under pressure and in the open prison setting that does not have adequate funding to provide effective training for prisoner peer supporters, and with low levels of staff.

individual needs (depression) turned into risk therefore associated with the transfer to closed conditions to benefit the institution.

feeling suicidal or indicating the intention to self-harm) was dealt with rather than transferring the individual to the local Category B prison with which the healthcare resource is shared:

(Danks and Bradley, 2018)

limited funding meaning that, in most cases, only basic support is provided by general practitioners and primary care staff.

is well known that being in prison can trigger and exacerbate symptoms of mental health difficulties: directly through the harsh environment and rigid prison regime, indirectly through limited access to support networks and loss of employment and accommodation.

(Kothari et al, 202)

CHAPTER 6: DISCUSSION

The research question 'UK prisons impact on prisoners' health and wellbeing systematic review' evidence put forward has shown that there is a big impact of UK male prisons on prisoner's health and wellbeing and the quality of the prisons system overall is contributing to the decrease in the health and wellbeing of UK male prisoners, literature has given a huge insight into the lack of laws regulations and health care actually provided from this it can be said that UK male prisoners health and wellbeing is becoming if not already a major public health concern.

Prisoners

The study has uncovered a broad spectrum of health-related problems that male inmates in UK jails deal with. The bulk of the materials found dealt with mental health issues; NDD and PTSD were two of the most frequently mentioned mental health diseases (Facer-Irwin et al., 2023) and they were evident in the pieces that did not specifically address drug problems or other health-related issues affecting male inmates in the UK. Additionally, other literature suggests that there are more mental health and health-related issues within UK male prisons (Semenza and Grosholz, 2019); there are also health-related issues with HIV, AIDS, heart-related diseases, and many more for which prisoners are not receiving the proper treatment for (Zhong et al., 2021).

Among the inmates in UK prisons, substance abuse and dependency were the most prevalent mental health issues, however this has been missed out in some studies, Studies indicate that the likelihood of drug use disorders is higher among prisoners than among the general population (Capuzzi *et al.*, 2020).

Psychotic illness is more common in men than in women, and individuals under remand had greater rates of acute psychosis than those who had been found guilty and were serving jail sentences (Bebbington et al., 2021). Despite the discussion of schizophrenia subtypes, further research is necessary to provide a comprehensive understanding of the spectrum of mental health disorders. Based on these findings, a management strategy for these problems may be developed. Senior et al. (2013); Kingston et al. (2011).

Another health study was conducted on a UK male prison on non-communicable diseases its overall study consists of 1478 adult males, of whom 1365 consented to an interview. on

finding the results showed that males with mental problems identified, 652 (37%) had organic diseases (15 0.8%), psychosis (24) 105 (6%) and neurosis (105 6%), personality disorder (10%), and drug abuse (407). 52 (3%) were determined to need mental health treatment transfer to a hospital, 96 (5%) needed therapy in a therapeutic community, and 176 (10%) needed additional mental health evaluation or treatment in a prison (Gunn et al., 1991), This illustrated the variety of health issues that exist in British jails for men. Public health issues are raised by the fact that many prisons still lack a support framework for managing or identifying these disorders. Furthermore, health commissions only have access to statistical data; in-depth analyses of the underlying causes of these issues are not readily available, yet again showing the lack knowledge to the severity of health needs in uk male prisons.

Prisoners have an extremely high risk of developing psychosis (Jarrett, M., et al., 2016). Similar findings have been reported in other research studies (rugha et al., 2005, Duffy et al., 2006, Fazel and Danesh, 2002). A study conducted simply by observing one prison revealed that of the 891 inmates who underwent PQ (Prodrome Questionnaire) screening, 401 had positive results. Because of the proper screening, seven of them were found to be psychotic and were referred to the jail's mental health services. If research screenings had not been conducted, would male prisoners in the UK even have been considered it also shows that only a small fraction of those that had positive screening was even referred Would male inmates in the United Kingdom even be nominated for tests or referrals, though, and would they receive the appropriate assistance and care if this were not the case with research screenings? This is when inmates become disoriented inside the system as, according to findings from earlier studies, no framework or protocol is adhered to in order to provide them with the proper care (Mohamed et al., 2020). Although screening is a positive step towards providing the right care to people with health conditions, it won't solve the problem on its own because there are still steps to follow up, refer patients to the appropriate parties, and get the necessary treatments. Other contributing factors like a staffing shortage must also be taken into consideration.

(Robbapragada et al. 2021) have provided robust scientific evidence about the proportion of inmates in the United Kingdom who suffer from mental health illnesses or behavioural challenges. Most of these disorders are more common in the correctional population than in the broader society.

It is significantly more often than not for inmates to require mental health services. There is a significant rate of comorbidity, which indicates that many inmates have several mental health

issues and compared to convicted inmates in jail, those on remand are typically more likely to require mental health services (Shinkfield, Graffam and Meneilly, 2009).

The NHS Health Check programme offers a free evaluation of your overall health. Research has also been done on attitudes towards and barriers to the programme. It can identify whether you are more susceptible to certain illnesses, such as diabetes, heart disease, kidney disease, or stroke. The jail's cramped environment, which included long wait times, incidents that interfered with prison operations, and the need for escorts to enter the medical facility, is reported to have been the main obstacle discovered. Although general health is still a worry, mental health is a greater issue in male inmates in the UK than it is. Therefore, even in the event that convicts used this service, it wouldn't deal with their general well-being (Lacey, 2008). In addition, screenings have been found to have a more positive impact than NHS health checks. As a result, establishing mental health screening and referrals for inmates with mental health difficulties might help reduce the workload for prison personnel and save money by reducing the requirement for staff training.

Violence was mentioned to be a contributing factor toward the health and wellbeing of prisoners. The issue of violence in jail is widespread and has a detrimental effect on the physical and emotional well-being of both staff members and inmates (Baybutt, Dooris and Farrier, 2019) as this contained limited information it only of mention and don't hold significance to be hold as a contributing factor however this shouldn't be ruled out.

People who are incarcerated lose their freedom but should not lose their entitlement to health care. However, compared to the normal population, inmates often have worse health and require more complicated medical treatment. From literature found there is no point to argue as the UK male prison system is failing and there is a health problem and a major mental health concern most literature shows that there are many contributing factors that link to mental health problems that UK male prisoners are facing.

Quality of male prisons health care

Numerous prisons in England and Wales are experiencing (to differing degrees) issues with overcrowding, elevated levels of violence, convenient drug availability, and unhygienic physical surroundings (Albrecht, 2012).

Due to a shortage of jail officers, a shortage of cells, and an increase in the number of inmates, the prison system is currently near capacity and is gravely understaffed and overcrowded. Attacks on jail staff, instances of self-harm, and deaths caused by suicide

have all increased over time. Part of the reason for these increases is the exceedingly low personnel levels and overcrowding. In addition, jails are less productive these days because there aren't as many prison officials, and prisoners spend less time doing constructive things. But, the fact that prison staff members are uncomfortable or lack the necessary knowledge to perform screening demonstrates the widespread breakdown in the UK prison system's facilities. If staff members feel unsafe, it could lead to the prisoners' health needs not being met. Additionally, because they lack the knowledge to perform screening, they might not even be doing it correctly, which could prevent some inmates from receiving the necessary diagnosis (Forrester, Till, Simpson, & Shaw, 2018).

Self-inflicted fatalities increased by 23% between 2012 and 2013 (60 to 74). At least 29 inmates have committed suicide during the first four months of year 2021 which is one-third more than during the same 2020. When inmates attempt suicide, frontline staff members can save lives by providing emergency medical assistance, administering first aid, or cutting down inmates. They also play a significant role in supporting inmates who are feeling suicidal. Reducing the number of officers without also reducing the number of inmates would unavoidably result in more deaths. Going back to staff shortages questions if this is having a huge effect on prisoner's suicide statistics, could this be the reason to why more uk male prisoners are not being saved?

Furthermore in regards to the overview of the quality of uk male health system Reporting on essay and articles shares the lessons learned and study outcomes from using male prisoners as peer researchers, the findings to the research's showed that enhancing safety, communication, respect inside the jail, and satisfying emotional needs can positively impact the health and welfare of males housed also in vulnerable people units while also promoting a rehabilitative environment, it is clear that the uk prison system is failing, and more governing bodies should work together to improve the quality of health being delivered to UK male prisoners, it also suggests that communication plays a crucial role in the delivery of healthcare from staff members who trust prisoners to speak with them and from multidisciplinary teams sharing information. However, if communication problems were resolved, would this restore the quality of care provided by the prison healthcare system? Further research is needed in this area and on finding there are too many negative factors associated with the poor health service provided to uk male prisoners to assume that this can be fixed evidence suggest that a whole reform should be investigated more through research to make positives steps in improving all services.

Laws and regulations

When it came to obtaining medical care for inmates, the Department of Health took over from the Prison Medical Service in 2006. In 2013, the Health and Social Care Act of 2012 gave NHS England direct commissioning authority for health care services in prisons. This includes both inpatient and outpatient care (England and Improvement, 2011).

HM Inspectorate of Prisons and the Care Quality Commission (CQC) share oversight of prison health care services. Since April 2015, adult social care services offered in prisons have been subject to inspections by the Care Quality Commission, (Walton et al. (2023). The concept of "healthy establishments," which includes a number of requirements pertaining to security, decency, and rehabilitation, serves as the basis for inspections conducted by HM Inspectorate of Prisons (Owers, 2009). Nevertheless, frameworks have been established to assist in improving the health care systems within prisons and to support inmates' transitions from prison to the community by encouraging consistent support with their health and wellbeing. For example, the CPA (Care Programme Approach) system for aiding those suffering from severe and enduring mental health issues. (Miller, Bowers, and Simpson, 2003) Subsequently, a comprehensive pathway for individuals with mental health concerns inside the criminal justice system was established, providing a framework for optimal practises to guide doctors and commissioners. It is still an extensive and comprehensive guide for people offering help at every stage of the criminal justice system, even though it is more than fifteen years old.

The capacity to provide integrated care for patients with chronic illnesses and long-term mental health issues in such a competitive climate will depend on systems like individualised care planning. Together with more comprehensive commissioning procedures, they must be used to acquire integrated care services that are both affordable and high-quality and adaptable enough to meet the demands of unique patients with complicated requirements with a already failing system and the length of time it will take for referrals may hinder this programme as length of sentences will need to be considered as well costs and other related issues such as staffing in order for the program to be consistent.

The Quality Network for Prison Mental Health Services (QNPMHS), a quality-improvement project run by the Royal College of Psychiatrists, carried out the consultation process however some of these programs on finding through research suggested that Inmates who would qualify for the CPA if they lived in the community make up a significant fraction of

those who are either not receiving mental health treatment or receiving support that does not satisfy CPA standards. This research emphasises how, if implemented properly, the CPA has the potential to improve care delivery and outcomes for inmates (Rodriguez *et al.*, 2023).

Addressing the differences between the incarcerated and the broader population is one of the primary goals of policies, however doing this involves challenges. According to (Losel 2007), prisons are overcrowded, have unique staffing challenges, and have suffered a decrease in funding since 2010. Security concerns can also have a big impact on the availability of medical care in prisons but this has only been mentioned in few literatures so making judgment on this will be biased as there's no factual information.

In addition to general care, inmates should have access to foot, dental, and ophthalmology treatments. If necessary, people can ask to visit a doctor, and some jails have doctors on site, (Health and Social Care Committee House of Commons Education and Skills, 2018) A variety of specialties should be represented in the services team, depending on the jail population and the specific situation. Services should, at the very least, furthermore give both urgent (within a day) and emergency care (within two hours). Referrals provide individuals the option to schedule appointments up to 48 hours in advance, and they have a mechanism in place that allows inmates to see a general practitioner when one is not available on-site (Woodall and Freeman, 2019).

What is clear, is that the procedures which are meant to be in place are not happening within UK male prisons, they are not getting basic health care even though they are set out however laws and legislations are not the only downfall of the failing UK prisons health services, as well there was no consensus on what a 'whole-prison' approach to promoting health and well-being, the data emphasised the view that the concept of a 'whole-prison' approach is becoming highly confused and lacking definitional consensus. A point now being made at high political levels.

Quality of prisons

According to inspections, conditions in the jails located in Nottingham, Exeter, Birmingham, and Bedford have reached a "breaking point." These prisons have received "Urgent Notifications" from the Chief Inspector of Prisons, requiring the Ministry of Justice to act immediately to attempt and raise standards as soon as possible (Skinns, 2022).

Literature keeps expressing this through statistics "Those prisoners who felt that their emotional needs had not been satisfied were also more likely to characterise the healthcare team's communication as "extremely bad" (Ross, Liebling and Tait, 2011). When comparing

the findings, a recurring pattern emerges about the absence of a vice and the assistance offered regarding the mental health of the convicts, data revealed, prisoners may be reluctant to disclose their mental health requirements to personnel due to a lack of communication and information sharing, and their mental health and medical disorders may not even be identified (Byrne *et al.*, 2023).

The other issues that have been brought into attention of the quality of prisons is there staff shortages and the way prisoners are dealt with in relation to their appointments it is known that two requirements must be met: first, there must be sufficient personnel to let two officers to accompany them on their evaluation; and second, they must be informed of the appointment only the day before it is due. A shortage of officers often necessitates the cancellation or rescheduling of appointments, which means that it might take months or even years before they receive their first GP referral, yet this is meant to be basic standard health requirements for all uk male prisoners, and they are being put at health risks because of the low standard of uk prison services.

The shock of an unexpected appointment followed by being escorted there and handcuffed comes next. Although it is recommended that police employ a lengthy chain and strive for privacy during consultations, this is not always the case, which brings that matter to prisoners dignity is being taken away and based on fundamental basic health entitlement under a human right act is being taken away from them, it could be argued that having screening onsite frequently could protect and help Uk prisons follow protocols and allow prisoners to feel more relaxed about being tested, furthermore thorough, in-depth, and gender-focused primary mental health screen upon initial entry into prison may be able to identify inmates who require additional evaluation and/or treatment for mental health concerns however from earlier research, (Tyler *et al.*, 2019), (Bebbington *et al.*, 2017) indicated that the sensitivity and specificity of current screening instruments may be lacking.

There is so many factors that show how poor access to health care is in uk male prisons and that there is a clear understanding that this is a urgent call for a reform as there is to may underlined issues and a it is shocking to now that there are uk males inside those prisons that are experiencing the poor quality of services when it is infact a right to have standard healthcare required by law.

6.2 Strengths and Limitations

The strengths of literature shown trough chapter six has shown that there is a underlined health concerns with Uk male prisons which has been shown through all literature

making the evidence consistent, as the focus has been based in the uk it has given a wide view of all uk male prisons rather than been subjected to one particular however this has also given a bit of contrasting evidence when it comes to the laws and regulations of who and what laws are regulated in the individual prisons also the other Limitations to the literature is that more research needs to be conducted to make good recommendations for practice there are so many issues that there is no root cause to the problems,

6.3Chapter summary

Discussion of finding have been critically analysed in this chapter to get an overview of the problems that are existing in uk male prisons, the next chapter will include recommendation to the literature that has been used throughout the systematic review.

CHAPTER 7: RECOMMENDATIONS AND CONCLUSION

7.1 implications of findings

The results have significant consequences for practice since they have brought to light critical evidence of the health care system's shortcomings in male prison environments in the United Kingdom.

According to the findings, there are a number of contributing reasons that contribute to the system's failure, including a staffing deficit, poor communication, and the inmates' reluctance to be confined in case there are more consequences.

Furthermore, it has further demonstrated the absence of policies and regulations enacted to improve the health care system in UK prisons.

These results will aid in the formulation of suggestions for raising awareness within UK male prisons to identify areas for improvement. They will also provide information to enable them to proceed and take proactive measures to enhance the standard of healthcare services provided to the UK and decrease health-related issues within UK male prisons.

7.2 Recommendations for Practice

According to the findings, there are unmistakable indications that male inmates in the UK prison system are not receiving the basic care they are entitled to (Coyle, 2005), and it is unacceptable for them to experience health-related problems while receiving treatment under the NHS (National Health Care System) and QCQ (Quality care commission). Having set guidelines may create a structure that prison staff can adhere to, which will allow positive outcomes in terms of the process of diagnosis and treatment. Currently, different external parties are in place in various UK prisons, offering assistance with a consistent structure with the prisons for their health care system. While this is a positive development, it is evident that it is not benefiting the health care system inside UK male prisons. Clarity in guidelines is necessary to ensure that all male prisoners receive the same treatment and diagnosis.

Overall, it seems that a major problem influencing the health and wellness services provided by male prisons in the UK is a communication breakdown between staff and inmates (Danks and Bradley, 2018). Since it has been noted that prisoners are reluctant to notify staff members

of symptoms or other indications of health issues, activities designed to foster trust between staff and male UK prisoners should be implemented to help them improve their communication abilities. Additionally, this will make it easier for prisoners to talk to staff members about health-related concerns without feeling intimidated. However, this does not imply that the problems that have been present throughout the systematic review will be resolved; further study is required.

Furthermore, there is also a breakdown in communication between prison staff and outside organisations. Staff members should be collaborating with these organisations for services like screening and referrals related to the health and welfare of prisoners, they should also be scheduling follow-up appointments or improving their communication with outside organisations to ensure that screenings and appointments are acknowledged, however due to short staffing this may be a related issue that needs to be looked into in order for this recommendation to work more considerations on how the effect of short staffing impacts the delivery of health services within UK male prisoners.

Training on recognising the warning signs and symptoms of health and wellness concerns should be provided to employees. It would not be advisable for staff workers to conduct screening because it should come from outside sources. In this manner, the male prisons in the UK and their staff who already face a personnel shortage would not have to bear any additional load.

7.3 Recommendations for Future Research

Only the effects of the jail environment on the health and general well-being of male convicts in the United Kingdom should be the subject of future research. This is due to the fact that real material, which will serve as a solid foundation for study and aid in identifying areas for development, should be gathered in one spot rather than being taken from a variety of publications. But it's also clear that no study can be done that focuses just on one element because a research issue is influenced by a wide range of circumstances. But carrying out these investigations and concentrating on the problem of how the prison environment affects the health and well-being of male convicts in the United Kingdom may offer genuine, reliable proof about how prevalent these problems and why such issues are occurring.

also, their also should be investigations into the policies, (Coyle, 2005) laws and procedures in UK prisons so that recommendations can be made to improve the quality of care and so all

prisons throughout the UK are following one set of rules and procedures, without set policies and procedures this is contributing to the poor treatment of health-related issues towards the UK male prisons this has been displayed through all relevant articles presented.

7.4 Conclusion

The systematic review investigated the UK prisons and the impact of health and wellbeing of prisoners. Current research indicates that the health and wellbeing of male prisoners in the United Kingdom is a public health concern, in fact, there are clear signs that these prisoners are struggling with their mental health and wellbeing and that there is no system of basic health care in place for them. The systematic review, which focused on prisoner health overall, gave more weight to mental health issues because of the article's relevance, not disregarding the fact that the general health of UK male prisoners is also a concern.

The health and wellbeing of male inmates in the United Kingdom is affected by the way the prisons are run. Articles revealed that inmates' lack of communication, fear of living and working in a prison, lack of training, and inexperience about mental health screening all contribute to their inability to receive the treatment to which they are legally entitled to.

Despite this, there are still problems with the standard of care provided to male inmates in the United Kingdom's male prisons, which are primarily caused by a lack of knowledge and understaffing.

In addition, research indicates that there may not be as many fundamental laws that UK prisons are adhering to. While it has been established that the NHS oversees providing medical care for male inmates in the country, and QCQ are in control of the quality of care delivered, there are no established standards that the NHS actually are putting forward to follow. Instead, third-party organisations play a more significant role in overseeing the inmate health system, as well as this QCQ are failing UK male prisoners as the poor quality of care being delivered has no signs or strategies to improvements.

Nevertheless, a drawback of this is that jails still adhere to disparate norms and there is a dearth of communication when it comes to checking inmates' health or making incorrect diagnoses.

According to the articles that collectively provided sufficient data to establish a legitimate argument and provide a comprehensive picture of the problems affecting UK male prisons as well as the health and welfare of male inmates, an outline or revision of the rules governing the basic policies that UK male prisons must adhere to for the management of

inmates' health and well-being within the confines of a well-defined structure and set of procedures is necessary.

Furthermore, rather than trying to piece together a picture from a collection of disparate literature that has been situated around various points, more research should be done specifically focusing on how UK prisons impact the health of male inmates. This will provide direct information on this subject matter only. Nevertheless, a collective body of literature has helped to develop new points and gave a good overview of the matter at hand.

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Appendix 1 Prisma checklist

Topics and	item	Elements recommended for reporting
Aims	1	Systematic review on uk prisons impact of health and wellbeing of prisoners (Men)
Abstract		
Abstract	2	influence on inmates' health and well-being This seeks to draw attention to a neglected public health issue that is not acknowledged as a community in need of professional assistance. It also seeks to direct the medical community in identifying the issues and offering guidance and support, as prisoners have a right to high-quality healthcare.
Introduction		
Rational	3	The subject of "UK prisons and the impact on health and wellbeing of prisoners" has been selected to draw attention to the issues that British prisons deal with, including how they run their operations and systems and adhere to the rules and legislation meant to protect inmates' rights.
Objective	4	<p>1. Evaluate the standard of UK prisons The manner in which it is run. The reasons behind issues that arise, such as insufficient staff. The reasons behind the non-implementation of basic requirements for convicts.</p> <p>2. The health issues that are caused by the standard of imprisonment; provide data; contributing factors</p> <p>3. Examine the guidelines and protocols.</p>
Methods		
Eligible criteria	5	include adult guys who are detained who are presently above the age of 18. The research will be situated in the United Kingdom due to its compliance, focuses on

		<p>health and wellness. In terms of health and wellbeing, it won't be restricted to just one healthcare issue because doing so might distort the findings.</p> <p>The chosen topic's exclusion criteria include young offenders because they don't fit the population's age requirements, female inmates who don't fit the topic area's requirements, the general public who don't fit the demographic requirements, and any information originating from outside of the UK won't be appropriate for this research.</p> <p>7 main studies have been grouped for synthesis based on the relevance of literature</p>
Information source	6	
Search strategy	7	<p>For research into impact of uk prisons on health and wellbeing of prisons health databases that have been used for the systematic review consist off</p> <p>Pubmed (1991-2022)</p> <p>Proquest (1991-2022)</p> <p>Science Direct (1991-2022)</p> <p>Government database was used for the purpose of rules laws and legislations these databases involved.</p> <p>DirectGov Quality Care Commissions Parliament</p> <p>All search databases can be seen in the search sheet in appendix 1 and search terms can be seen in character.</p>
Selection process	8	Each study used meet the inclusion and exclusion criteria
Data collection	9	All data collected was searched through health databases such as PubMed, ScienceDirect and ProQuest, there was tools used such as CASP to verify the relevance of literature collected PEO Strategy was also used to identify searches and Mech.

Data items	10a	Literature found through health databases was filtered out by going off inclusion and exclusion criteria not all literature found was used.
	10B	Missing or unclear literature searched through databases used was not included
Study risk of bias assessment	11	explaining analytical and methodological decisions made inside the protocol itself, as opposed to discussing (or not discussing at all) the preparation of sensitivity assessments on contentious areas. maintaining the results' transparency and detail.
Effect Measures	12	
Synthesis method	13	
Reporting bias assessment	14	
Certainty Assessment	15	
Discussion		
Study selection	16	
Study characteristics	17	Woodall et al., 2013, Perrett <i>et al.</i> , 2019, Tyler <i>et al.</i> , 201 Danks and Bradley, 2018, McCarthy <i>et al.</i> , 2015, Facer-Irwin <i>et al.</i> , 2023, Kothari et al., 2022,
Risk of studies bias	18	
Results of individual studies	19	
	20	
Reporting bias	21	N/A
Certainty of evidence	22	
Discussion		
discussion	23	Limitations of research was more investigation needs to be done into the how quality of uk prisoners is affecting the health and well-being of prisoners rather than separate literature stating different factors, if research on prevalence's was measured there could be a more substantial result.
Other information		
Registrations and protocol	24	
Support	25	
Conclusion	26	As a collective all studies gave clear points to the problems that are existing in Uk male prisons each literature needed more research to investigate the serverity of these problems
Fundings	27	n/a

Appendix 2 CASP Sheet



Paper for appraisal and reference:

Section A: Are the results valid?

1. Was there a clear statement of the aims of the research?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- what was the goal of the research
 - why it was thought important
 - its relevance

Comments: **the aims of reserach was clearly dispayes**

2. Is a qualitative methodology appropriate?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
 - Is qualitative research the right methodology for addressing the research goal

Comments:

Is it worth continuing?

3. Was the research design appropriate to address the aims of the research?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- if the researcher has justified the research design (e.g. have they discussed how they decided which method to use)

Comments:



4. Was the recruitment strategy appropriate to the aims of the research?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the researcher has explained how the participants were selected
 - If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
 - If there are any discussions around recruitment (e.g. why some people chose not to take part)

Comments: **recuriment was males in uk jails**

5. Was the data collected in a way that addressed the research issue?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the setting for the data collection was justified
 - If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
 - If the researcher has justified the methods chosen
 - If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews are conducted, or did they use a topic guide)
 - If methods were modified during the study. If so, has the researcher explained how and why
 - If the form of data is clear (e.g. tape recordings, video material, notes etc.)
 - If the researcher has discussed saturation of data

Comments: **all data from this study collected was relevant to the the research study as it contibuted to the systmeatic review at hand, it gave an insight into the conditions of uk male prisons, location was uk, was male prisons, and it spoke about the impacts resulting**

6. Has the relationship between researcher and participants been adequately considered?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location
 - How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

Comments:

Section B: What are the results?

7. Have ethical issues been taken into consideration?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
 - If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
 - If approval has been sought from the ethics committee

Comments:

8. Was the data analysis sufficiently rigorous?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider
- If there is an in-depth description of the analysis process
 - If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
 - Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
 - If sufficient data are presented to support the findings
 - To what extent contradictory data are taken into account
 - Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

Comments:

9. Is there a clear statement of findings?

Yes	<input checked="" type="checkbox"/>
Can't Tell	<input type="checkbox"/>
No	<input type="checkbox"/>

- HINT: Consider whether
- If the findings are explicit
 - If there is adequate discussion of the evidence both for and against the researcher's arguments
 - If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
 - If the findings are discussed in relation to the original research question

Comments:

Section C: Will the results help locally?

10. How valuable is the research?

- HINT: Consider
- If the researcher discusses the contribution the study makes to existing knowledge or understanding (e.g. do they consider the findings in relation to current practice or policy, or relevant research-based literature
 - If they identify new areas where research is necessary
 - If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Comments: **the reasearch hold value as it brings a insight into other related factors, it also opens up new ideads to reserach topic, it also gives previous litarture thats contributes and backs up thier findings.**

6

6

Appendix 3 characteristics table

Authors	Perrett <i>et al.</i> , 2019, ,	Woodall <i>et al.</i> , 2013,	Kothari <i>et al.</i> , 2022,	Facer-Irwin <i>et al.</i> , 2023,	McCarthy <i>et al.</i> , 2015,	Danks and Bradley, 2018	Tyler <i>et al.</i> , 201
Study demographically	UK	UK	UK	UK	UK	UK	UK
Methods	Peer researchers employed focus groups, interviews, and questionnaires to ascertain the health and well-being issues of incarcerated men.	to 'promote health and well-being' in prison establishments in England and Wales identified by HMIP.	Routinely collected and anonymised data were reviewed for prisoners referred between 1 May 2018 and 31 December 2019. Data are presented on the quantity of referrals over time, and the type of support offered	study was conducted in a large, medium security prison in London, UK.		The prisoners participated in a focus group, while prison staff members were interviewed. Three primary themes emerged from thematic analysis: "peer support roles," "barriers to accessing	Participants completed a standardised battery of psychometric assessments which screened for a range of mental health difficulties including: mental disorders, personality disorder, and substance misuse.

						support for mental wellbeing," and "context enabling factors."	
Participants		38 prisons in England and Wales was insoected		A random sample of sentenced prisoners arriving into custody (N = 223) took part in a clinical research interview, which assessed trauma histories, mental disorders including PTSD, and other potential sequelae of trauma (anger, emotion dysregulation).	240 male inmates were screened using the Learning Disability Screening Questionnaire, the ADHD self-report scale, and the 20-item autism quotient.	The experiences of nine inmates and eleven prison staff members in a Category D male jail are included in this small-scale study.	69 participants were included in the final samples 338 being males
Intervention	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Outcomes	emotional needs, safety, respect, and	whole-prison' approach to promoting		After controlling for other		Prisoners expressed a reluctance	High rates of current mental disorder were

	communication. The intricate connections between the themes illustrated the nuanced interactions between health and incarceration.	health and well-being was. Our data emphasised the view that the concept of a 'whole-prison' approach is becoming highly confused and lacking definitional consensus		independent risk factors, inmates who satisfied the current (past month) criteria for PTSD were more likely to act violently during their first three months of incarceration.		to disclose mental health difficulties because they were afraid of being placed in closed facilities.	detected across the range of disorders screened for. Levels of comorbidity were also high, with nearly half of participants screening positive for two or more types of mental disorder
Notes							

Appendix 4 Search Sheet

My research question:	UK prisons impact on the health and wellbeing of prisoners				
Places to search for information:	Proquest, PubMed, ScienceDirect, government websites				
Date	Database / Search Engine Name	Search Terms	No of Results	Links to: title, aim, objective number?	Your Comments or notes
09/23	Proquest	Health and wellbeing and UK male prisoners	110		
09/23	Pubmed	UK and male prisoners health	500		
09/23	Direct gov	Laws and regulations prisoners health	N/A		No relevant information found
10/23	Pubmed	Impact and health and uk male prisoners	101	The impact of integrating mental health services within a prison setting	

10/23	Science direct	Impact of wellbeing on male prisoners in the uk	23		Limited information found try a different input.
10/23	Pubmed	health AND well-being AND uk male prisoners	796		
10/23	Proquest	Health OR wellbeing AND male prisoners AND UK	73,278,820		Majority was non Uk
10/23	Proquest	Health AND well-being AND uk male prisoners	43,248		This one has the most relevant out of searches
10/23	ScienceDirect	UK prisons AND health wellbeing AND male prisoners	500		
11/23	PubMed	UK prisons AND health wellbeing AND male prisoners	60		
11/23	PubMed	Health OR wellbeing AND male prisoners AND UK	799		
11/23	Uk Parliament website	Uk prison laws	N/A		For prisons laws and regulations
11/23	PubMed	Males prisoners health OR wellbeing AND prisons impact UK	133		
11/23	ScienceDirect	Health OR wellbeing AND male prisoners AND UK	1282		
11/23	Proquest	Male's prisoners' health OR wellbeing AND prisons impact UK	44,820		
11/23	Proquest	UK prisons AND health wellbeing AND male prisoners	12,781		

11/23	PubMed	UK prisons OR males' health AND wellbeing	221		
12/23	ScienceDirect	UK prisons OR males' health AND wellbeing	116		
12/23	ProQuest	UK prisons OR males health AND wellbeing	1,152,883		Results wasn't in line with the subject topic.
12/23	Quality care commissions'	Uk prisons QCQ m	N/A		

