Literature Review

Health Needs Assessment of Individuals within Community Justice Services and Untried in Custody (Remand)

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Contents

Introduction

People in contact with any aspect of the justice system are more likely than the general population to have significant health and social care needs and face barriers to accessing services. The Vision for Justice in Scotland recognises “we will experience a reduction in crime and unintentional harm in our communities, improving all of our life chances by tackling societal issues like poverty, including child poverty, mental ill health, addiction and adverse childhood experiences.” Therefore, a fuller understanding of the health needs of people sentenced in the community, and those untried in custody (remand), is imperative to Scotland realising its vision for justice.

The Vision sets out several priority actions among them “shifting the balance between use of custody and justice in the community” noting that custody should be reserved for only when “… no alternative is appropriate, instead seeing a greater availability of justice options within our communities.” (1)

The National Strategy for Community Justice advocates for increased use of community justice services and reducing the need for and use of custodial services (2). With the July 2019 introduction of a further presumption against short-term sentences there is an expectation of an increased number of individuals with complex health and social care needs being sentenced to community diversions and sentences, requiring support from and within community services. However, presumably due to the significant impacts of the COIVD pandemic on the justice system, this has yet to be fully realised.

In contradiction to the national strategy and direction of policy, Scotland and the three prisons within NHS Greater Glasgow and Clyde (NHSGGC), have experienced unprecedented and sustained increases in prison numbers (3). Due to an increase in both sentenced and remand arrivals to custody with a more pronounced increase in the remand population in the first half of 2024. The upward trend in use of custody for sentencing is of public health concern, given the evidence of poorer health outcomes for those who have experienced incarceration. It also creates increased pressure and strain on the provision of, and access to, healthcare within those prisons.

Currently there is no direct and robust evidence of the health needs of community justice service users available. Some evidence is available on current health concerns, particularly in relation to mental health or addictions needs, via individual patient records (on separate Health and Social Work systems) but this data cannot easily be amalgamated into population-level datasets without significant resource and time investment to interrogate. Further, this data is not held consistently across all community justice services, Scottish Prison Service or Prison Healthcare.

In recent years much Government and academic attention has focused on the health needs of people living in prison including specific populations, women in custody, and topics, sexual health and blood borne viruses. Whereas the health needs of individuals using community justice services have never been fully assessed within NHSGGC or across Scotland. This is despite being twice as large as the prison population (both 2022-23 figures; Community Payback Orders (CPOs) 14700 vs average daily prison population 7426) (3) (4). Additionally, there is a gap in knowledge concerning the

specific health needs of people on remand and how these compare to those serving a community sentence, those sentenced living in prison and the general population.

There is recognition more statistical and research information is required to strengthen the evidence base for community justice and support national and local improvement work. With a key deliverable in the Community Justice Delivery Plan (priority action 11) to "deliver improved community justice outcomes by ensuring that effective leadership and governance arrangements are in place and working well, collaborating with partners and planning strategically" (5). NHS Greater Glasgow & Clyde utilises the Community Justice Health Improvement Strategic Group to provide a strategic overview, coordinate partnership working and support the implementation of evidence-based health improvement practice in Community Justice and within the prison estate.

Undertaking a Health Needs Assessment (HNA) of community justice service users and those on remand supports delivery of the national Community Justice priorities. A HNA is a timely investment to describe and measure the less well understood health needs of a complex, vulnerable and often marginalised group and to contribute towards reducing reoffending by building the evidence base through which we better tackle the health and social care-related drivers of offending behaviour.

Aim

This literature review summarises available academic research and grey literature dealing with the health needs of people sentenced in the community and those untried in custody in the UK. Assisting the NHSGGC Community Justice Health Improvement Strategic Group to deliver the HNA and highlighting areas where new qualitative and quantitative research may provide most insight.

The review is not intended to be a comprehensive restatement of what is already understood about the health of people involved in justice settings in Scotland. In part because the recent Scottish Government Prison HNA work extensively summarises the available evidence for people living in prison and secondly as no such comprehensive equivalent exists on which to draw on for those serving community sentences.

Methods

Two separate literature search requests were made to the NHSGGC Library Network: Support for Evidence and Searching team (SENSE). A Subject Specialist Librarian searched electronic academic databases and performed an internet search for grey literature in January 2024. The search included published academic articles, meta-analysis and systematic reviews as well as grey literature (reports, service evaluations, guidance documents and conference presentations) published in English predominantly concerning Scotland and England, with a small number of international studies, from 2010 onwards. The author performed a limited follow up search in August 2024 to cross check for any newly published literature.

The complete literature search results compiled by SENSE are available as appendices with the posed research questions, the full list of academic and grey literature, a list of the databases searched, the search strategies used, an explanation of such and hyperlinks where available.

As a note to the complexity of the justice system and range of community sentencing options available this document focuses on CPOs as the most widely used community sentence to define and describe the community justice population within NHSGGC. This provides a degree of simplicity as it is a well understood and reported on cohort.

Additionally, it is not always possible to differentiate between untried in custody and those convicted and awaiting sentence, either in the published literature or Scottish Government statistics, when discussing the remand population.

Finally, when discussing evidence originating in England concerning the National Probation Service it is not always possible to clearly distinguish between the population groups sentenced in the community and those being supervised in the community following liberation due to the English Probation Service's dual remit.

A note on language.

When discussing the two population groups with justice system experience relevant to the HNA in NHSGGC this report refers to community justice service users and people living in prison on remand (remand or untried in custody). Some older and international research utilises language no longer routinely used in a Scottish or NHS context. When discussing research findings, the language used in the original publication is repeated in this document to ensure clarity on what group was investigated and how they were defined in the literature.

Results

It was assumed there is a significant amount of published literature concerned with the health of those living in prison as a general group but that less is known about the health needs of those given community sentences or on remand as distinct groups, either in their own right or in comparison to sentenced individuals, or the general population.

The SENSE search returned 99 results in total with 60 focused on the remand population and 39 covering community justice populations, grouped as shown in Table 1.

Table 1. SENSE Literature search results by publication type.

Remand		Community Justice	
Grey	**Academic**	**Grey**	**Academic**
14	46	12	27

There was no literature found, either grey or academic, concerning the health needs of the Community Justice population in Scotland. The vast majority of both grey and academic literature focused on England where the community studied were under the supervision of the probation service. The English National Probation Service covers both those serving a community sentence, including unpaid work, and those released from prison on licence or parole. Distinctions between these population groups in the literature, and their respective health needs, are not always clear.

Comparatively more literature was found concerning the health needs of those living in prison on remand. Especially in a Scottish context with the recently published suite of Scottish Government Prison Health Needs Assessments and associated literature reviews. Historically studies looking at the health of those in prison have not routinely distinguished between sentenced and remand populations, or only done so with a finding relevant to their aims. However, there is now a significant enough body of international research examining the mental health needs of those on remand for a recent systematic review to be published.

Demographics

Community Justice

Community Payback Orders (CPOs) are the most widely used community sentence and are used as an analogue for people sentenced in the community in this report when referring to the Board's community justice population.

In 2022-23 there were 14653 CPOs recorded in Scotland with 3634 of those in NHSGGC, roughly in line with the Board's share of the national population (6). Glasgow City accounted for 2297 CPOs, 62% of the NHSGGC total. West Dunbartonshire recorded the highest number of CPOs by population at 61 per 10,000 residents. Glasgow City (47.9) and Inverclyde (47.6) were also above the Scottish average of 38 per 10,000 residents (6).

The CPO population in NHSGGC is overwhelmingly younger adult (65% aged 21-40) and male (88%, female 11.5%, other 0.5% including non-binary, transgender and unknown) (6). The next largest age group are those aged 40 plus at 27%, however separate mid-year 2022 population data collected internally by NHSGGC suggests less than 3% of the total CPO population are aged 61 plus.

At this time, it was not possible to find other demographic information for the Community Justice population in NHSGGC. Community Justice specific demographic information for NHSGGC will be provided through the Public Health Scotland Prison Health Surveillance project as part of the wider HNA project

Remand

On the 31st of May 2024 the prison population was 8265 with the remand population forming 27% comprised of 23% untried in custody and 5% awaiting sentence (3).

Currently women are 4% of the total prison population however as a share of their respective populations, women on remand equal 33% of the female population compared to males at 24%. This is an increase on women remanded in custody from 29% in 2021-22 (3).

In 2022-23 63% of new daily arrivals into prison are individuals untried in custody with the median continuous time spent on remand being 65 days. However, 41% of the remand population spent between 91 and 140 (plus) days on remand (3).

In the same reporting period 58% of the total prison population were aged 21-39 years old (7). Only 2% of those arriving in prison self-reported as being LGB or other, as defined by the Scottish Prison Service (SPS). The prison population is 95% white with the next largest ethnic groups being Asian, Asian Scottish or Asian British and African, Caribbean or Black, 79% are single with 15% married or in a civil partnership and 8% self-reported a disability on arrival, no remand specific data is available (7). In 2022-23 Glasgow City had the highest arrival in prison rate in the Board at 2.8 per 1000 of population. West Dunbartonshire (2.5 per 1000) and Renfrewshire (2 per 1000) had the next highest rates (7).

Remand specific demographic information for NHSGGC will be provided by Public Health Scotland Prison Health Surveillance project as part of the wider HNA project.

Research Summary – Community Justice

The resounding theme from the literature, both academic and grey, emphasises the limited research specific to the health needs of those sentenced in the community and highlights the implications if the complexity of the community justice population is not properly understood and responded to. In a local context only one study originating in Scotland was found. *Skinner et al.* (2022) state “the physical health, healthcare needs and healthcare delivery of offenders in the community are under-researched and under-recognised—certainly in England and Wales, maybe in the UK generally” (8).

Despite this lack of direct evidence Public Health England (PHE) stated in 2020 that people under probation service supervision “…have significant health needs (in particular, mental health, drug and alcohol concerns) which are often accompanied by social issues including difficulties with housing, debt, education and employment.” They make the link between these health needs and offending behaviour and note this cohort is “…often marginalised, vulnerable and underserved.” (9)

This summary is taken from a health and social care needs assessment guidance document for community justice settings in which PHE list potential useful data indicators for topics including mental health, substance use, physical health, suicide prevention, learning disability and neurodiversity, service mapping and the wider determinants of health. PHE also note that, while evidence is limited, individuals under supervision in the community are considered to have greater physical health needs than the general population (9).

There is limited recent research exploring the physical health of people sentenced in the community. A 2012 study of 132 people on probation in Reading and Newbury

found people under probation service supervision had lower SF36 scores for all eight aspects of health covered in the survey compared with the general population (34). SF36 is validated health survey that measures eight aspects of general health designed for use in areas such as research and general population surveys (35). A 2018 HNA of offenders in the community in Derbyshire (36) surveyed 166 (self-selected) individuals. HNA findings and English comparisons noted below restated from PHE guidance document (9).

> • 63.5% (101 of 159 respondents) described themselves as smokers. Over 4-times higher than the prevalence of smoking seen in the adult population in England.
>
> • 14.5% (23 of 159 respondents) reported consuming no fruit or vegetables daily; more than double the 7% reported by the Health Survey for England 2015.
>
> • 22.8% (36 of 158 of respondents) reported doing regular exercise on 5 or more days of the week; this is lower than the national average of 65% reported in the 2011 Census; however, the proportion who reported that they did not achieve 30 minutes exercise on any days of the week (24.1%) was similar to the 22% reported nationally.

Recent work in England has focused on the Core20Plus5 approach to reducing health inequalities (10) and the crossover with the Inclusion Health Framework published in 2023 (11). “Core20” refers to the most deprived, as defined by IMD, 20% of the population in England. Inclusion health groups are considered a PLUS group and are defined as people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.

The Framework recognises these groups are often invisible in health data sets, with this lack of understanding of need leading to potential outcomes including poor experiences of public services and poorer health than people in other socially disadvantaged groups. The “5” are the clinical areas of maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case-finding and lipid optimal management which are considered to require accelerated improvement (10).

In 2023 NHS England commissioned a consultation of 177 people serving a community sentence to seek their views on the Core20Plus5 approach to reducing health inequalities (12). Forty five percent of respondents had seen a GP in the last 6 month and 84% reported not requiring any help to register with a GP. Most preferred to contact their surgery by phone, although this was found to be increasingly difficult due to the large volume of calls GP surgeries receive, 43% reported giving up contacting their GP with their issue unresolved due to difficulty obtaining an appointment or getting to an appointment. Just over a fifth were concerned they would

not be taken seriously because they were on probation, and more than half were unsure when was appropriate to contact a GP.

A third of respondents reported their mental health had declined since starting probation with 10% feeling it was sometimes difficult to cope with daily life, 21% coped with daily life all the time and 49% saying their mental health had remained the same. A community sentence was seen as a good opportunity to learn about community services with 44% saying they had an improved understanding of community healthcare services (12).

A 2013 health needs assessment of offenders in the community for NHS Cheshire, Warrington and the Wirral found depression and anxiety the most common mental health conditions reported in data held by local probation services. The HNA does not report the sample sizes, reporting timeframes or the collection methods, other than arising from previous local strategic needs assessments. They noted a greater percentage of female offenders had current psychological needs (67.2% compared to 36.8% of males), higher self-harm/suicide attempts (44.7% for females against 26.7% for males) and higher current psychiatric needs (26.7% against 15.25% for males) (13).

The same study found 47% of offenders in the community had current alcohol misuse problems, 52% had binge drinking problems and 53% had a history of alcohol-related violence. Almost 60% had alcohol as a problem assessed as contributing to their offending behaviour and a greater proportion of women had the most serious levels of current alcohol misuse problems and binge-drinking (13). These findings should be treated with caution given the previously noted lack of detail on study methodology.

It does however appear to present a different picture from the more recent Core20Plus5 consultation where 5% of respondents reported drinking alcohol daily, 47% said they were consuming less alcohol while serving a community sentence and 21% felt no need to alter their alcohol intake (12). However this survey was relatively small, at 177 people interviewed, for a nationally representative sample. Furthermore it was a self-selecting sample via individuals replying to promotional adverts or where their local probation service supported the survey. Additionally some interviews took place in the presence of client support workers, perhaps leading to social acceptability bias in responses.

Yukhnenko et al. (2023), a longitudinal cohort study of over 80,000 people between 1991 and 2013, note the consistently high rates of premature mortality in individuals given community sentences in Sweden. They found people with pre-existing substance use and other psychiatric disorders had an increased mortality risk from any causes, including external, compared to people without known psychiatric disorders and substance use. With suicide being the leading individual cause of death (14). A 2020 thematic systematic review examining probation and suicide in England and Wales found a very high risk of completed suicide associated with drug overdose, mental health problems and poor physical health (37).

Exploring the reasons for suicide risk in community justice settings a 2018 study comprising seven in depth interviews with London area probation service clients reported “participants recounted negative experiences which they perceived to be

linked to their suicidal feelings and behaviours, such as experiencing bereavements, perceived loss of control over their mental state or situation, and difficulties relating to stages of their probation sentence." Individuals expressed severe difficulties trusting authorities, making disclosure of suicidal feelings problematic but that purposeful and meaningful activity while on probation can play a key role in suicide prevention (15). The Office for National Statistics (ONS) securely linked their own death registration data with Ministry of Justice records to find the risk of suicide was six times higher for offenders supervised in the community compared to the general population using 2011-21 data (Four times greater for males and 11 times greater for females) in England and Wales (16).

In the same report the ONS identified that of 8385 total deaths of offenders supervised in the community 2801 were drug related, 219 of which were classed as drug related suicide. They also reported that the risk of drug related death in the same population group was over 16 times greater than the general population (11 times in males and 36 times greater in female offenders) (16).

Tweed et al. (2022) used a retrospective cohort study of linked health and social care data to explore premature mortality in people affected by co-occurring homelessness, justice involvement, opioid dependence, and psychosis in Glasgow city. The study found people with community justice involvement (defined as having a social work court report with no record of imprisonment) had a 1.8 times greater hazard of premature death than people with no community justice involvement (38). This rose to 5.5 time greater risk if community justice was combined with at least one other risk factor (38). These findings are directly relevant to the community justice service user population in NHSGGC. It can be reasonably inferred that higher mortality rates also likely mean a higher prevalence of health problems in this group. Although no research was found at present explaining causal pathways (38).

There is emerging evidence in the academic literature to suggest people sentenced within the community, although demographically similar to other justice experienced populations, are best understood as a distinct group. *Slade et al.* (2024) examined the individual and criminal justice-related factors associated with different causes of death in adults under the supervision of the England and Wales National Probation Service distinguishing between those under post-custodial release and those serving a community sentence. They found criminal justice enforcement action was associated with death by drug overdose, suspected suicide and accidental deaths for the community sentenced population. This was true for the whole sample (post-custodial and community sentence) however the relationship was strongest for those on community sentences (33).

Research Summary – Remand

From the literature on the health needs of people living in prison on remand it is clear this population have a higher level of need than the general population living in the community. In a 2012 English report just under a third of people living in prison on remand said they arrived with a health problem (17). There are a number of recent

Scottish, UK and international studies looking at the health needs of people living in prison, including those on remand.

Obtaining an overview of the remand population as distinct from the whole prison population can be difficult in the literature. A 2021 Prison HNA carried out by NHSGGC recognised this complication noting health needs will differ and recommended future research includes a distinction between the two groups and how long they are in custody (18).

Internationally *Andrade et al.* (2023) is the first systematic review investigating the prevalence of mental health issues in those living in prison on remand. Of the 77 studies included 21 were from the UK followed by 19 based in the USA, 9 from Canada and 6 from Ireland. It concludes substance use followed by mood, psychotic, personality and behaviour disorders are the most reported mental health issues with a smaller number of studies reporting a wider array of conditions including anxiety and adjustment disorders (19). Nine studies included in the review compared the prevalence of mental health disorders between remand and sentenced individuals. Table 2 displays a reproduced list of diagnosed mental health conditions reported on.

Most studies were cross sectional or cohort and the stage in an individual's period on remand when diagnosis or screening took place is not known. Therefore *Andrade et al.* (2023) is not able to shed light on whether being placed on remand is a driver of the higher prevalence in diagnosed mental health conditions compared to sentenced individuals. Or if people most likely to be placed on remand are more likely to have complex mental health needs than other justice cohorts before imprisonment.

In 2022 a Scottish Government report detailing the health needs of Scotland's prison population concluded those on remand are particularly vulnerable and had a higher estimated prevalence of mental health needs than sentenced individuals. They note remand individuals are more likely to screen positive for mental health conditions than sentenced individuals. Stating "removing people from society and their loved ones, disrupting their sense of purpose and restricting their personal control, can detrimentally affect their wellbeing and lead to hopelessness" (20).

Relative to Scotland's prison population as a whole, females and people on remand had disproportionate use of inpatient forensic services. They also reported the majority of those transferred to hospital were on remand (62.3%) even although the remand population was at the time 29.6% of the prison population. Women comprised 3.6% of the prison population but 20% of all hospital transfers (20).

Two-thirds of all deaths by apparent suicide in prison occur during the first three months of custody (20), similar figures to those reported in a UK context (17). A recent report by the House of Commons Justice Select Committee found in England and Wales between 2017-22 55% of adult remand deaths were self-inflicted compared to 20% of adult non-remand deaths (21). *Zhong et al*. (2021) found remand status to be a risk factor for suicide in prison alongside current psychiatric diagnosis, previous suicide attempt and single cell occupancy amongst others (22).

Table 2. Reproduction of basic findings from *Andrade et al.* (2023) on the comparison of the prevalence of diagnosed mental health conditions in Sentenced vs Remand populations.

Diagnosis	Majority studies found a higher prevalence rate in group noted than other prison groups Remand or Sentenced
Psychosis & Schizophrenia	REMAND
Depression	REMAND
Anxiety	REMAND
Alcohol disorder	REMAND
Drug related disorder	REMAND
Phobias	*Not clear*
Panic	REMAND
PTSD	REMAND
Personality disorder	REMAND
Bipolar	Sentenced
OCD	*Not clear*
Dysthymia	Sentenced*
Bulimia	Sentenced*
Adjustment disorder	Sentenced*
ADHD	Sentenced*
Paraphilia	Sentenced*

*only one study referenced.

In Scottish context a 2024 report found that between 2008-22 63 of the 110 deaths of people on remand were classified as deaths by suicide (57%) and separately that in 2022-23 40% of all prison deaths in Scotland occurred within the first 6 months of being admitted to prison (may not exclusively be remand individuals) with most being classed as due to suicide or drugs. Indeed, the report found suicide and drugs deaths taken together are the leading cause of death in Scottish prisons (32).

Tomczak et al. (2022) develops the concept of “risky remands” to highlight that people with very severe mental illness being remanded to prison is a particularly problematic practice. A concept the Scottish Government Prison Mental Health report also discusses (23).

Being housed within a remand hall presented a 'chaotic', 'noisy', and 'volatile' environment. One person described being on remand as having 'knocked me unwell'. Uncertainty in their living environment, with people constantly arriving and leaving along with no end in sight regarding criminal proceedings, led to a very 'draining' experience for people, with little available to provide purposeful activity and distraction. Contrastingly, for some respondents remand was seen as a stable environment, providing a break from the stresses of living with homelessness and substance use problems.

Understanding the Mental Health Needs of Scotland's Prison Population (2022) (20)

Mental wellbeing, the idea of both feeling good and doing well in oneself, is relatively poorly studied in justice experienced populations compared to diagnosed mental illness. A 2019 study by *Tweed et al* found "people in prison in Scotland have poorer mental wellbeing than those at liberty, even when comparing with those in the most deprived areas." (39). The study utilised data from the 2013, 2015 and 2017 editions of the Scottish Prisoner Survey which includes the Warwick-Edinburgh Mental Wellbeing Scale. They found people on remand had significantly lower scores than sentenced individuals across all three survey editions.

A 2012 study measured the nature and prevalence of alcohol use disorders in 96 adult male prisoners on remand in an unnamed Scottish prison. The sample comprised all new remand prisoners admitted during a two week period. It reported a high prevalence of alcohol issues with 73% of the sample classed as having an alcohol use disorder and 43% classed as having possible alcohol dependence (24). The Scottish Government reports 2017 data that 63% of people living in prison drink at "harmful or "hazardous" levels (25). Suggesting a higher rate of harmful alcohol consumption in remand populations. These findings are in line with the 2012 study and *Andrade et al.* (2023)

A 2014 study by *Kissell et al* of 257 newly remanded male prisoners across three prisons in England found that when using the Alcohol Use Disorders Identification Test (AUDIT) questionnaire, 80% of men on remand were likely to require some form of intervention. This was twice the number identified by approaches relying on men's own judgement of their alcohol use and also allowed for risk categorisation (26). Only 170 men completed follow up interviews however nobody refused a second interview with 87 men having been liberated mid study.

The Scottish Government report noted a lack of up-to-date literature on problem substance use in Scottish prisons but did note the change in drug use away from heroin to novel psychoactive substances, cannabinoids and "street benzos" (25).

Staff working in prison are particularly alert to the risk and vulnerability surrounding the remand population stating they were the prison population that gave them most concern regards drug use. The report noted "general agreement that prison is not a conducive place for those on remand to address substance use issues". The emotional uncertainty of remand, unspecified length of time spent in prison and unplanned liberations all combine to make providing adequate support for remand populations challenging (25).

There is less Scottish evidence looking at the physical health of people on remand as distinct group. One of the few reported differences from the sentenced population noted dental health. The third Scottish Report on Oral Health in Prisons (2020) of 353 people in prison (of which 348 had an oral exam) found people on three or more instances of remand having a significantly higher number of decayed teeth (27).

The social care needs of people on remand were also noted as potentially significant in the literature. People regularly in and out of prison (suggestive of periods of remand and short sentences) commonly present with multiple social care needs including homelessness, substance use and mental health problems (28). Short stays in prison were also a concern for Hepatitis C Virus (HCV) treatment where the universal offer of a Blood Borne Virus test on arrival in Prison was found to be an effective intervention, but the largest single cause of failing to complete treatment was liberation from Prison.

A 2023 House of Commons report found the increasing length of time individuals are spending on remand (also an issue in Scotland) is having a significant impact on the amount of support they may need on release (21). Requiring more community support around housing, employment, family, financial health, including benefits, to an extent not seen when remand periods are shorter. Combined with data from England reporting over a quarter of people on remand arrived in custody with money worries, compared to around a fifth for sentenced prisoners suggests people on remand are vulnerable to poor financial health (17).

The 2021 NHS Highland health needs assessment found people living on remand in HMP Inverness to be concerned at all stages of their time in prison with their family. Being concerned that families knew of their arrest at reception to welcoming family activities in prison and seeking more family contact were all highlighted through to worries about reconnecting with their family on liberation (29). The 2012 HM Inspectorate of Prisons report for England found nearly half of remand prisoners had children under 18 and 45% of remanded women had children (17).

Future Research

Two academic projects on the horizon will add significantly to the Scottish evidence base on these topics, and to the aims of NHSGGC work. A PhD project currently underway at the University of Glasgow is investigating the overuse of remand for women in Scotland. The study aims to increase understanding of women's perspectives and experiences of the remand decision making process and its enduring effects on their lives using participatory and creative methods (30).

Secondly the Chief Scientist Office, Scottish Government Health Directorates, is funding work led by Strathclyde University to better understand how the justice system impacts health. The project aims to bring together health inequality and justice researchers to identify actions to "reduce the negative impacts of justice on health and increase opportunities to improve health and wellbeing." (31)

Conclusions

The literature examining health need in the community justice and remand populations mainly concerns mental health, suicide risk, drug and alcohol use and access to and pathways through healthcare. With some physical and social care evidence for the remand population. This is understandable given the clear link between these health needs and offending behaviour. The literature shows that both offenders in the community and those on remand have higher rates of mortality than the general population, through which a higher prevalence of health problems can reasonably be inferred.

There is limited evidence from local HNAs in England that those serving probation (community sentences and those released from prison on licence or parole) have poorer self-reported health than the general population. Across all the literature there was comparatively little to no robust current research found examining other health needs such as financial insufficiency, food insecurity, chronic health conditions, physical activity, stigma, diet, sexual health and other wider social determinants of health. There is recognition, especially so for community justice service users as a distinct group, that further work is required to strengthen the evidence base.

There is emerging evidence the situationally different stresses of serving a community sentence while maintaining your life in the community may be a unique health need deserving of further exploration. This underscores the importance of understanding this group as a distinct justice experienced population, different from individuals in the community following liberation from prison or any other more widely defined "offenders in the community" cohort.

Throughout the literature there is a clear message to seek out the voices of and listen to the experiences of people in the justice system, with very few qualitative studies found. Documenting this complex, vulnerable and often marginalised group's perceptions of their health, healthcare experiences and the impact of the justice system on their health is necessary if we are to realise the national vision for justice.

Recommendations

NHSGGC continue to work towards delivering a health needs assessment of community justice service users and people untried in custody comprising quantitative and qualitative research with the following aims.

1. Determine and describe differences in demographic and health needs between the general population health and wellbeing survey results and of those service users currently using Community Justice Services and those residing on Remand in custody.
2. Determine and describe demographic information of the service user population (including age, sex, sexual orientation, ethnicity, area/postcode of residence, marital status, parenting or carer status, disability etc.)
3. Determine and describe sentencing information and any difference in demographic and health needs between type of service used (i.e. community service and remand).
4. Determine and describe pre-existing health conditions and current health status of Service Users
5. Describe perception and expectation of Service Users on their current health status and healthcare use
6. Determine and describe service user knowledge of health services, GP registration status, and perception of health service barriers or gaps in provision.
7. Where relevant:
    a. Perception, use and experience of Police Custody Healthcare
    b. Perception, use and experience of Prison Healthcare (Remand)
8. Determine and describe experience of and perception of compliance with treatment or medication
9. Determine and describe health impacting experiences (such as financial insufficiency, food insecurity, housing/homelessness status, access to employment or employability support)
10. Determine and describe health related behaviours (such as smoking, alcohol or drug use including prescription and non-prescription, physical activity, diet)
11. Perception and experience of bereavement, self-harm, suicide/suicidal thought, psychological trauma, victimisation and violence (including abuse, victimisation and perpetration of violence)
12. Perception of impact of justice system on health/social care needs (including impact on immediate family, particularly dependent children)

The benefits of multi-agency partnership working are recognised across justice. NHSGGC already works to this model across justice healthcare settings (Police Custody, Prisons) and within Health Improvement with posts providing strategic Leadership across the board in Community and Prison settings. It is recommended a sub group of the NHSGGC Community Justice Health Improvement Strategic Group is created, comprising NHSGGC Health Improvement and Public Health, Public Health Scotland and a representative from the local authority Community Justice Leads to review and agree the HNA objectives and deliver the quantitative and qualitative research.

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References

1. *The Vision for Justice in Scotland .* s.l. : The Scottish Government, 2022.

2. *The National Strategy for Commuity Justice.* s.l. : The Scottish Government, 2022.

3. *Safer Communities And Justice Statistics Monthly Data Report: June 2024.* s.l. : Scottish Government, 2024.

4. *Community Justice Outcome Activity Annual Report.* s.l. : Community Justice Scotland, 2022-23.

5. *National Stategy for Community Justice: Delivery Plan.* s.l. : The Scottish Government, 2023.

6. *Justice Social Work in Scotland: 2022-23.* s.l. : Scottish Government, 2024.

7. *Scottish Prison Population Statistics 2022-23.* s.l. : Scottish Prison Service , 2023.

8. *The healthcare plight of offenders in the community.* Skinner, G.C.M; Farrington D.P : Criminal Behaviour and Mental Health, 2022.

9. *Health and social care needs assessment of adults under probation service supervision in the community: A guidance document.* s.l. : Public Health England, 2020.

10. Core20PLUS5 (adults) – an approach to reducing healthcare inequalities. *www.england.nhs.uk.* [Online] NHS England. [Cited: July 18, 2024.] https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/.

11. *A national framework for NHS – action on inclusion health.* s.l. : NHS England, 2023.

12. Wainwright, Gibson &. *Patient Perspectives People on Probation Core20Plus5.* s.l. : NHS England, 2023.

13. Michael Lloyd, Independent Researcher. *Health needs assessment of Offenders in the Community, (Cheshire East, Cheshire West & Chester, Warrington and Wirral).* s.l. : NHS Cheshire, Warrington and Wirral, 2013.

14. *Association of substance use and other psychiatric disorders with all-cause and external-cause mortality in individuals given community sentences in Sweden: a national cohort study.* Yukhnenko D, Blackwood N, Lichtenstein P, et al. s.l. : Lancet Reg Health Europe, 2023.

15. *Exploring suicidal behaviours by probation clients-a qualitative near-lethal study.* Mackenzie JC, Cartwright T, Borrill J. s.l. : J Public Health (Oxf), 2018, Vols. 40(1):146-53.

16. Drug-related deaths and suicide in offenders in the community, England and Wales: 2011 to 2021. *The Office for Nationa Statistics .* [Online] October 26, 2023.

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/drugrelateddeathsandsuicideinoffendersinthecommunityenglandandwales/2011to2021.

17. *Thematic report by HM Inspectorate of Prisons Remand Prisoners A thematic review .* s.l. : HM Inspectorate of Prisons, 2012.

18. Gillies, Michelle Knifton, Lee Dougall, Rona. *Prison health in NHS Greater Glasgow & Clyde a health needs assessment.* s.l. : NHS Greater Glasgow & Clyde, 2021.

19. *Remand Prisoners' Specific Needs: A Systematic Review.* Andrade J, Sousa M, Gonçalves RA, et al. 2023;38(4), Journal of Police and Criminal Psychology, pp. 942-55.

20. Lindsey Gilling McIntosh, Cheryl Rees, Caroline Kelly, Sheila Howitt, Lindsay D. G. Thomson. *Understanding the Mental Health Needs of Scotlands Prison Popultion.* s.l. : Scottish Government , 2022.

21. House of Commons Justice Committee. *The role of adult custodial remand in the criminal justice system Seventh Report of Session 2022–23.* s.l. : House of Commons, 2023.

22. *Risk factors for suicide in prisons: a systematic review and meta-analysis.* Zhong S, Senior M, Yu R, et al. s.l. : Lancet Public Health, 2021, Vols. 6(3):e164-74.

23. *Highlighting "Risky Remands" Through Prisoner Death Investigations: People With Very Severe Mental Illness Transitioning From Police and Court Custody Into Prison on Remand.* P., Tomczak. s.l. : Front Psychiatr. , 2022, Vol. 13:862365.

24. *Alcohol problems in a remand Scottish prisoner population.* Graham L, Heller-Murphy S, Aitken L, et al. s.l. : International journal of prisoner health, 2012, Vols. 8(2):51-9.

25. Andy Perkins, Dr Wulf Livingston, Beth Cairns, Joshua Dumbrell, Kevin Gardiner, Simon Little, Professor Iolo Madoc-Jones. *Understanding Substance Use and the Wider Support Needs of Scotland's Prison Population .* s.l. : The Scottish Government, 2022.

26. *Disentangling Alcohol-Related Needs Among Pre-trial Prisoners: A Longitudinal Study.* Kissell A, Taylor PJ, Walker J, et al. s.l. : Alcohol Alcohol., 2014, Vols. 49(6):639-44.

27. Dr. Ruth M. Hatcher, Dr. Matthew J. Tonkin, Dr. Emma J. Palmer, and Dr. Claire Blackmore. *Understanding the Physical Health Care Needs of Scotland's Prison Population .* s.l. : The Scottish Government, 2022.

28. Alma Economics . *Understanding the Social Care Support Needs of Scotland's Prison Population .* s.l. : The Scottish Government, 2022.

29. Catherine Flanigan, Carolyn Hunter-Rowe and Elisabeth Smart. *Health and Healthcare Needs Assessment: Inverness Prison.* s.l. : NHS Highland, 2021.

30. Working title of PhD: The impact of remand decision-making on the rights of women in Scotland. *The Scottish Centre for Crime and Justice Research.* [Online] [Cited: July 18, 2024.] https://www.sccjr.ac.uk/person/lisa-mary-armstrong/.

31. The Health-Justice Nexus: Crime and Justice as Social Determinants of Health in Scotland. *Chief Scientist Office.* [Online] [Cited: August 7, 2024.] https://www.cso.scot.nhs.uk/funded-research/applied-health-research-programmes/ahrp2370/.

32. Nothing to see here. Deaths in Custody and FAIs in Scotland 2023. Scottish Centre for Crime and Justice Research. Sarah Armstrong, Betsy Barkas, Linda Allan, Stuart Allan and Debbie Cairns, February 2024

33. *Deaths among adults under supervision of the England and Wales' probation services: variation in individual and criminal justice-related factors by cause of death.* Karen Slade, Lucy Justice, Frederica Martijn, Rohan Borschmann and Thom Baguley s.l. : Health & Justice. , 2024, Vol. 12:10

34. *Health and wellbeing of offenders on probation in England: an exploratory study.* Pari AAA, Plugge E, Holland S, Maxwell J, Webster P s.l: The Lancet. , 2012, Vol 380(S21)

35. *The MOS 36-item short-form health survey (SF-36). I. Conceptual framework and item selection*. Ware JE Jr, Sherbourne CD. s.l: Med Care. , 1992, Jun;30(6):473-83.

36. Cooper, R. *A health needs assessment of offenders in the community. Derbyshire and Derby City*. 2018 Derbyshire_and_Derby_City_Offenders_HNA_2018_Full_report.pdf

37. *Suicide and Probation: a systematic review of the literature.* Sirdifield C, Brooker C, Marples R s.l: Forensic Sci Int Mind Law. , 2020, Nov;1:100012

38. *Premature mortality in people affected by co-occurring homelessness, justice involvement, opioid dependence, and psychosis: a retrospective cohort study using linked administrative data.* Emily J Tweed, Alastair H Leyland, David Morrison, S Vittal Katikireddi s. l: Lancet Public Health, 2022, Vol 7: e733–43

39. *Mental Wellbeing among people in prison in Scotland: an analysis of repeat cross-sectional surveys.* Emily J. Tweed, Xanthippi Gounari, Lesley Graham s.l: Journal of Public Health, 2019, Vol 43, 2, e188-e195