Prisoner experiences of Covid-19 restrictions in Scotland during 2020

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Key points (Executive Summary)

This report summarises responses to a survey asking prisoners about their experiences of Covid restrictions during 2020. It was carried out as part of the [Scotland in Lockdown](#) study and draws on 86 responses from people in prisons across Scotland. The survey explored four main issues: sources of Covid information; following guidance to prevent infection; following guidance to protect mental and physical health; changes to prison life due to Covid.

Where did people turn for information? How helpful was it?
- People reported the most helpful information about Covid and prevention of infection mainly came from family and friends (69%) or TV, and sometimes newspapers, but much less often from prison staff (19%) or other prisoners.
- People felt they did not get useful information that was specific to prisons; it felt generic, regularly changed or included guidance that many felt could not be followed.
- *Too much* information also could be a problem, with relentless depressing news coverage or generic printouts: News about Covid could be stressful, creating anxiety and fear for oneself and vulnerable family members.
- Timing of information was also criticised as people reported receiving little to no notice of visit cancellations and policy changes, or access to out of date newspapers.

How well could people keep themselves safe from infection?
- People were able to follow health advice in relation to handwashing (76% always/almost always), but not in relation to social distancing (76% never or only at times from staff).
- Many complained about access to masks, with many prisoners reporting receiving a single one and only in late August/early September 2020.
- Some people expressed concern about getting Covid, and a small number had a cellmate or someone on their hall with Covid, in one case this person died from it.
- Lack of control over one's own safety was a strong theme, expressed as fear about staff bringing in infection and lacking the ability to protect oneself from risk.
- In the early stages of lockdown, prisoners and their families had no way of knowing whether the other was safe and well.

How bad did it get during lockdown in prison?
- Across multiple indicators, majorities reported severe negative effects of lockdown restrictions in prison, including severe declines in mental health. Factors rated as worsening during lockdown included: life on the hall (66%), family contact (63%) and support services (71%).
- The significant isolation of extended cell lockups and loss and reduced quality of family contact were commonly mentioned factors in relation to mental health decline.

- Suspension of activities like work, gym and education and suspended or non-responsive support services also were commonly cited as factors in declining mental and physical health.
- Most could not follow guidance on maintaining wellbeing: Over three-quarters (76%) of respondents reported 'never' or only 'at times' having varied recreation to cope with lockdown, 69% said this about healthy food, 52% about keeping in touch with friends and family, and 50% about maintaining a routine.
- (Mental) health services availability reportedly declined or disappeared, and health staff compassion was criticised.
- All of this added up to reports of: Suicidal feelings and attempts, weight gain, stress, boredom, health issues, fear and anxiety.

What got people through? Any positives?
- Restoring some family contact, through mobile phones and video visits, made a huge difference but was not without technical or logistical problems, and was not seen as good as face-to-face contact.
- Being a passman or having an essential job (that meant more time out of cell) was commonly cited among those who coped best.
- Being able to go to the gym, restored access to education and other forms of activity also helped people cope.
- Two or three people saw lockdown as an opportunity to reflect and change or they had other reasons for seeing positives.
- Some mentioned caring and effective SPS staff really helping them cope.
- While one or two mentioned preferring to keep to themselves or preferring smaller groups, some people seemed to adopt a coping strategy of shutting down, seeing lockdown as just one more thing in a dulling prison experience to get through.

What about women?
- Women's views reflected the same themes as the overall group, though the small number of women responding, 11, urges caution in drawing conclusions.
- A larger proportion of women compared to men mentioned positives – specifically caring staff and video visits.
- Among women there was significant stress due to loss of family contact, and multiple people felt unsupported by health staff.
- Women serving short-term sentences were especially worried about lack of information and access to follow-on support upon release.

Did age or prison affect how well people coped?
- Younger people (those in their 20s) reported more negative experiences relating to family contact, healthy food, managing medication and sense of safety. Older people (those in their 60s and 70s) reported worse experiences with outdoor access, personal wellbeing, keeping a routine and getting daily exercise.
- Of the prisons sending in the most responses, Kilmarnock had fewer negative experiences reported in three areas: daily exercise, personal wellbeing and routine and structure. Edinburgh, Low Moss and Perth had much higher than average negative responses about healthy food; Edinburgh and Perth also had much higher

than average negative reports about personal wellbeing. Barlinnie, Low Moss and Perth reported more negative changes to life on the hall than prisons overall.

Conclusion and implications

- The strongest messages of the survey relate to the severe negative impact on mental and physical health from lockdown measures, especially being locked in cell and losing regular (and face-to-face) contact with loved ones.
- Maintaining family contact, time out of cell, and plentiful engaging activities in and out of cell came across as crucial for wellbeing.
- Those who coped best had jobs that kept them busy and allowed then out of cell.
- Positive experiences point the way towards priorities for addressing future pandemic planning including maintaining family contact, ideally in person, avoiding heavy reliance on isolating people in cells and continuing activities like gym and education.
- The survey also provides insights about how health communication and provision of guidance about infection prevention might be adapted and targeted for those in the unique setting of prisons.

Introduction

This briefing reports on the results of a survey about how prisoners were experiencing Covid-19 lockdown during 2020. It was undertaken as part of a larger study exploring experiences of four groups[1] already subject to isolation and marginalisation prior to the pandemic (*Scotland in Lockdown* 2020[2]). The focus of the wider study was lockdown experiences of people already facing isolation and marginalisation before the pandemic. This was guided by three lines of inquiry, relating to: access and ability to following Covid-19 information; experiences of day to day life during the pandemic; and access to and need for support services (https://scotlandinlockdown.co.uk).

While interviews were the primary means of collecting data for the three other groups, this was not possible with people in prison during the pandemic and so in consultation with the Scottish Prison Service (SPS), a questionnaire approach was adopted. The SPS substantially supported our distribution of a survey in all prisons; we are grateful for this support, in particular from Dr James Carnie, SPS Head of Research. We also wish to express our gratitude to all the imprisoned people who took time to respond to the survey, sharing their experience of what was for most a very hard period.

This briefing includes analysis only of the survey. Further information from prisoners was received via letters from imprisoned people gathered in the study and through partner organisations. These are not analysed as part of this data, though echo the themes presented here (see, *Scotland in Lockdown* 2020).

Surveys were distributed to people in prison on 4 September 2020, and nearly all responses were received by return post between 7-17 September 2020. A small number of surveys were received after this period through October 2020. The timing is important given different phases of the pandemic, globally, in the UK, and within Scotland. At the point of receiving responses, Scotland had experienced a fall in Covid-19 cases, leading to a summer 2020 of easing restrictions. Within prisons, mobile phones had been available for a couple of months and video visits had been introduced; in-person visits were beginning to come back, face masks had been provided to all prisoners by early September 2020, and some activities like recreation and gym had increased. Time in cell remained high, however, and many prisoners reported being on a constant weekend regime (when prisoners are locked in cells in the late afternoon until the next morning) or being locked in cell for up to 23 hours per day.

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[1] The four groups in the study were: refugees and people seeking asylum; people living with a disability or long-term health condition; survivors of domestic abuse and sexual violence; and people involved in criminal justice systems. The latter group included people under supervision in the community as well as people in prison.

[2] Scotland in Lockdown (2020) *Left out and locked down: Impacts of Covid-19 lockdown for marginalised groups in* Scotland, https://scotlandinlockdown.co.uk/project-report/.

Method

The study team devised a short five question survey to be completed by hand in consultation with partner organisations from the third and voluntary sector. These were printed and sent along with self-addressed envelopes to SPS HQ for distribution. SPS staff generated a random sample of 250 sentenced prisoners using PR2, and SPS research personnel distributed surveys proportionately in all of Scotland's 15 prisons.

The overall study, including the survey of imprisoned people, received ethical review and approval of the College of Medical, Veterinary and Life Sciences, University of Glasgow (Project number: 200190164).

A total of 86 surveys were returned from 14 prisons (all prisons except Castle Huntly).[3] Demographic information about respondents is as follows (see complete breakdowns in *Scotland in Lockdown* 2020):

Category	Detail
Gender	73 men (87%), 11 women (13%) and 2 preferred not to say
Age	Age range was 21-70s; most aged between 29-59 (68 people or 83%)
Sentence	All sentenced; from 1 year to life (including recalled)
Prison	Most (59%) surveys returned from: • Barlinnie (18) • Edinburgh (12) • Kilmarnock (7) • Low Moss (7) • Perth (7)

The four closed and one open questions addressed distinct aspects of living through Covid-19:
1. Helpfulness of information sources (Yes/no)
2. Ability to follow NHS guidance to prevent infection (Likert scale)
3. Ability to follow guidance to protect mental health (Likert scale)
4. Assessing various aspects of prison life during Covid (Likert scale)
5. How life had changed during Covid (open question)

We approached the analysis in two parts though these overlapped, first summarising the closed responses including some cross-tabulations, and analysing the comments in response to the open question. Quantitative data showed patterns in particular perceptions which guided the approach to qualitative comments. The qualitative data was coded for key themes, informed by the statistical data, and inductively shaped by reading several times

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[3] Please note that in our published report documenting the entire study we mistakenly stated no surveys were *sent to* this prison. Surveys were distributed there, but no completed ones were returned to the study researchers.

through comments to allow additional and unanticipated topics to be included. These were then further analysed to explore nuances in how these themes were articulated.

Limitations

The response rate was fairly high at 34%, representing a little over 1% of the entire prison population at the time of completion. (Response rates for prison research tends to be higher than is typical for surveys completed by non-imprisoned people.[4]) The small proportion of the total prison population providing views means these results are not statistically significant for the whole population. However, the views expressed in comments show a high level of consistency between surveys. They also highlight patterns and perspectives echoed by other research about prisoners' experiences of Covid-19, in Scotland and around the world.[5]

Another limitation is that the questionnaire was provided only to sentenced prisoners, and so the perspective of remand prisoners is missing.[6] This is an important gap, as remand prisoners are a group where concerns have been raised (for example, because of the long and to some extent unpredictable periods of detention while pandemic related court backlogs exist).[7]

More than simply a statistical exercise, the survey collected extensive reflections and comments thus providing a comprehensive and rich picture of the nature of conditions in prisons across Scotland during Covid-19 restrictions, and how these were experienced by sentenced prisoners. Some people produced detailed schedules of their days, others described a range of issues while still others focused on one thing, laying out the impact of Covid restrictions in sometimes poignant ways, such as the loss of a hug. The rest of this briefing is organised according to the main areas covered by the survey, and themes arising out of these. It incorporates numerous comments directly from prisoner surveys (italicised text). Percentages cited are based on a response number of 86 unless otherwise noted.

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[4] For example, one statistics blog notes response rates between 5-30% is typical; a response rate of 50% or more is 'excellent'. See, P. Cleave (2020) What Is A Good Survey Response Rate?, Blog, https://www.smartsurvey.co.uk/blog/what-is-a-good-survey-response-rate [accessed 6/12/2021]
[5] For example see: 'Experiences of COVID-19 isolation in Northern Ireland prisons: a qualitative study' https://www.emerald.com/insight/content/doi/10.1108/IJPH-09-2020-0076/full/html ;
Maycock, '"Covid-19 has caused a dramatic change to prison life': Analysing the impacts of the Covid-19 pandemic on the pains of imprisonment in the Scottish Prison Estate", https://doi.org/10.1093/bjc/azab031;
Helen Blaber, Tamara Walsh, Lucy Cornwell (2021) Prisoner Isolation and COVID-19 in Queensland https://griffithlawjournal.org/index.php/gjlhd/article/view/1209; HM Inspector of Prisons (2021) Thematic Report – What Happens to Prisoners in a Pandemic, https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/what-happens-to-prisoners-in-a-pandemic/.
[6] The letter writing mode of data collection did provide one response from a remand prisoner, but this is not included in the analysis.
[7] Fair Trials (2021) Locked up in lockdown - Life on remand during the pandemic, Research Report (29 April). https://www.fairtrials.org/news/locked-lockdown-life-remand-during-pandemic

Information about Covid-19 risk and prevention

Question 1. Is the information you get from these sources about Covid-19 and the lockdown helpful?
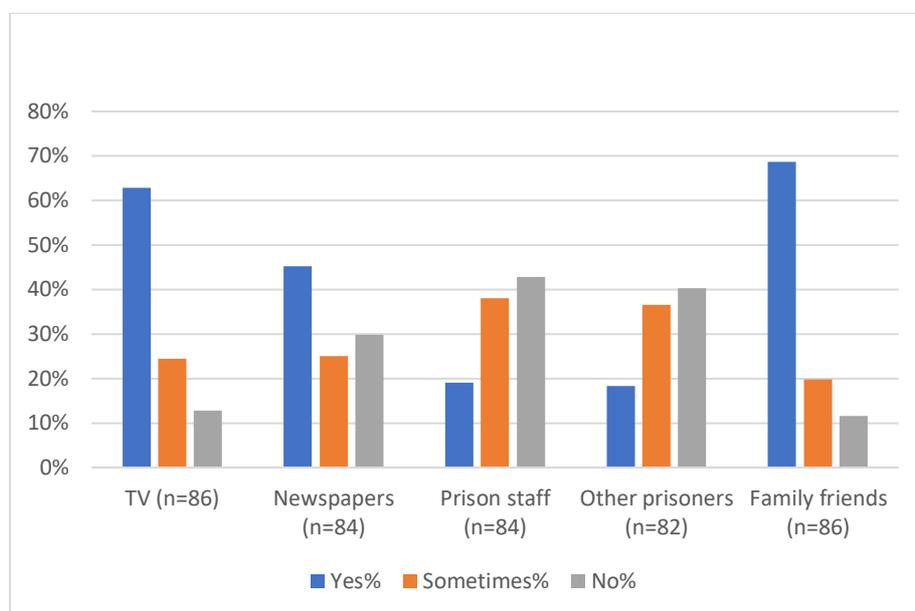
People **most commonly said family and friends** (69%) **or television** (63%) were sources of useful information about Covid-19. They **relied least on information from those within the prison**, either staff (19%) or other prisoners (17%). ('*I got more SPS info from family + friends checking internet rather from staf'f*). Other sources of information that were mentioned included: chaplains, doctors and lawyers.

Information within the prisons was seen as less useful because: it **lacked explanation** about why something was happening or not happening ('*No good SPS saying "due to covid" should give reasons and explain*'), was overloading people with **generic statements** ('*Constant worthless printouts*', on top of '*Depressing, constant covid coverage*' on TV). An example of changing or unclear information was about face masks: staff had masks but prisoners did not and some wished there was more communication about this ('*the staff are required to wear a mask yet prisoners are not*'); **lack of specific, consistent and helpful communication** to prisoners was commented on by a number of people. Timing of information also was raised as a concern: **changes to visits could be made with little or no notice**.

Feelings of **lacking information triggered fear and stress**; people worried about their own risk of infection as well as that of their family outside. They also worried about other **prisoners not taking the risk seriously** ('*fellow inmates … don't seem to understand how real dangerous COVID actually is*'). One person noted misinformation where they learned on TV about positive cases in a prison after staff had said there were none.

Concern about risk of Covid-19 **often connected to comments about staff**. A number said staff themselves may have lacked information ('*Staff don't seem to know what we should*

expect so no point in asking questions', *'The staff all are being given mixed messages one day the hall is open the next some cells are being told you're locked up'*). There was concern expressed about prison staff presenting the risk of getting Covid (*'Scary to know people are dying and staff can bring it in'*); some also mentioned prisoner transfers. An example of undermining public health messaging in prisons is reflected in one comment (*'Staff saying to prisoners it's just the media, there's nothing to worry about, it's just a cold or flu and it would be good if the COV 19 came into the prison because they're sick of people moaning about it and complaining about them not following the rules'*).

Following NHS guidance to reduce infection risk

Question 2. To what extent are you able to follow the NHS advice about avoiding Covid-19 while you are in prison?
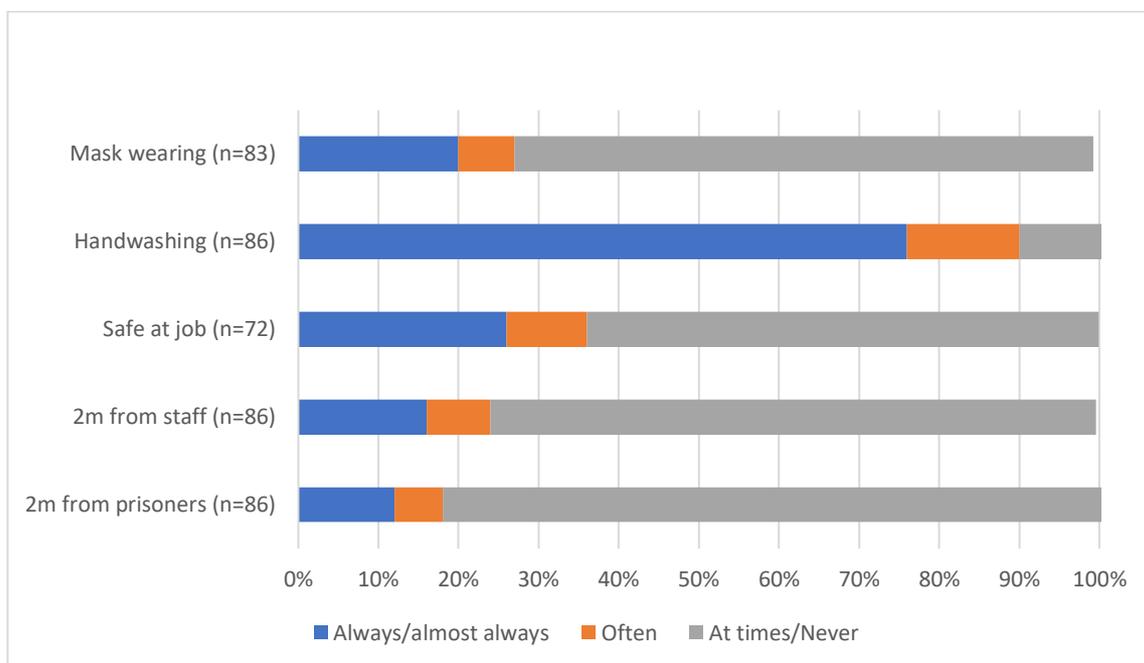
On one measure, prisoners were able to follow public health advice almost as much as anyone in Scotland – **handwashing** (76% said always or almost always). With greater understanding of virus transmission, we know that other measures of reducing risk are now being emphasised, and those in prison were **significantly less able to follow guidance on facemasks and distancing**, which are now seen to be among the most crucial measures of prevention.

Masks were mentioned frequently by respondents, mainly about getting them so much later than staff and people outside prison. Some said only one single layer mask was provided; it was not clear how they were meant to look after masks, such as how often to wash it.[8]

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[8] In letters sent to the research team, one person noted receiving only one mask and without instructions on how to care for it.

Relatedly, there were some concerns and complaints raised about hygiene and the prison environment generally including access to showers and general cleanliness.

Staff management of populations was cited by some as increasing risk (or fear of risk) about getting Covid. This included being moved in groups or let out at the same time. Some people noted positive staff practices such as being let out in smaller groups.

How bad did it get during lockdown in prison?

The dominant theme expressed by a majority of respondents was a **significant, negative impact of lockdown on mental health**. Responses to Questions 3 and 4, shown in the graphs below break this down, and are followed by relevant comments.

Question 3. To what extent are you able to follow advice about maintaining positive mental health during the pandemic?
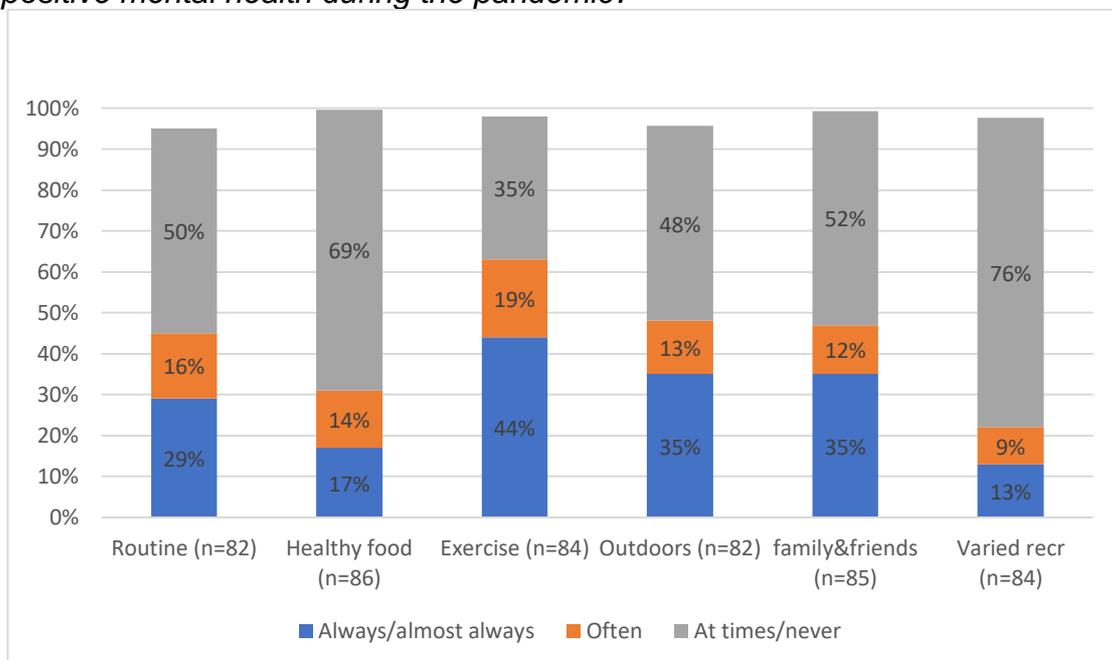
Question 4. How are the following under Covid-19 compared to before?
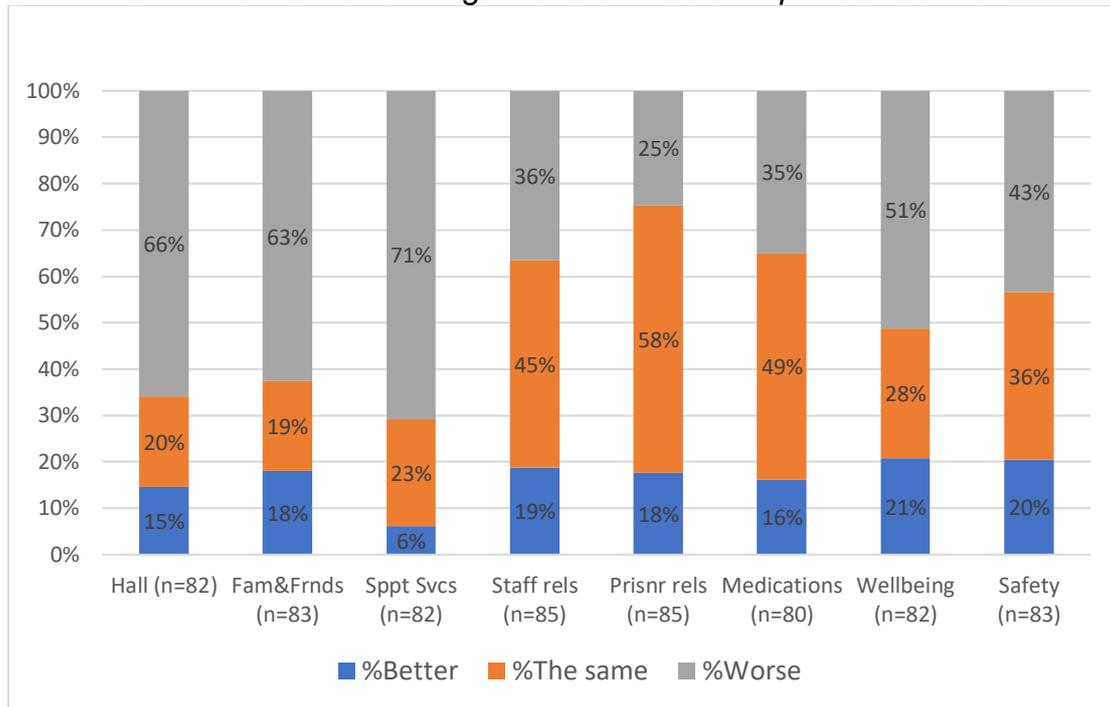
Most people experienced **Covid-induced changes to the prison regime as having a sudden and severe impact on their well-being**. Typical statements on this include: *'[the] COVID crisis has had a dramatic change in mental health'*; *'life is very different during lockdown…the most detrimental aspect has been the impact on my mental health'*; *'My mental health has gone'*; *'my mental health has got a lot worse during lockdown'*; *'my mental health is so bad right now with everything going on'*. **Suicidal thoughts** were mentioned by multiple respondents; two examples are: *'My life changed very quickly [during Covid] and I then felt very low to the point of I decided to end my own life'*; *'I am ohinishtly [honestly] really close to doing something to get myself out of this place'*.

Causes of declining mental health were most commonly related to the **severe impact of losing family contact**, due to Covid restrictions, **and also worries about family** with lack of information about how they were doing. *'It's been difficult not being able to get visits with family or friends and the lockups are hard as well'*; *'It's hard because you can't…maintain family contact and it's having a massive impact on my mental health and am worried about my daughter forgetting who I am and catching COVID 19'*; *'Going from being in a close family [and seeing them] weekly to no seeing them at all has been a nightmare'*; *'It has been the worst year and mostly worrying about family and missing them and loads of thoughts going through my mind making me more stressed.'*

Multiple people mentioned **bereavements**, mainly while imprisoned during Covid, but some noted a bereavement prior to arriving in prison that was still affecting them, or an ongoing concern for a relative. *'I lost my dad during it and having to deal with the loss on my own has broken me'*; *'my mother's cancer has came back so because we have been dubbed up for more I've had far too much [time] to think and dwell on things'*.

A second underlying factor for negative mental health was having **drastically less time out of cells**: '*the time in your cell yourself you start to feel more anxiety as Covid 19 hits your thoughts so depressions sets in … have to sleep early not to think much about the day*'; '*WE ARE LOCKED UP 23hrs A DAY HOW IS THAT GOOD FOR ANYONE'S MENTAL HEALTH ON TOP OF THAT WE ARE STRESSED OUT TO THE MAX WORRYING ABOUT OUR FAMILIES*' (all caps in original); '*Being locked up more has made me think too much & that makes me more emotional than usual*'; '*my mental health problems have gotten worse. I think this is because there is nothing to take my mind off them*'; '*not working drives me mental*'.

Physical health often was mentioned in the same comments as mental health, with **weight gain, lack of healthy food and loss of physical activities** (gym, sports, outdoor access) all mentioned. '*Mental health a lot worse and put on loads of weight & cause mum's disabled & hasn't got internet access haven't been able to get money for support*'; '*putting on weight, no exercise and all sweets on sheets it's scary to know people are dying … Mental health is shocking full of dread*'; '*stuck in Barlinnie put weight on feel depressed don't get gym enough*'; '*Not being able to use the gym also affects my mood & I've put weight on*'; '*I've become a lot unfitter due to access to the gym being postponed. Also [I]'ve gained a lot of weight but these things are reversible.*'

A number of people mentioned **lack of support and a sense of a lack of care**. '*It wouldn't be so bad if we had some support. Its like we don't exist.*'; '*the prison has not helped with the [sudden changes to] routine … my mental health is bad and I've asked for help*'; '*I have spoken to nobody in Social Services or the NHS Mental Health Team, with the latter refusing to see me re my mental health. NHS Management say I should talk to staff if I have a problem with mental health*'; '*I feel there should have been more one on one with prisoners with their mental health. There have been [] suicides … and there have been god nose [sic] how many mental breakdowns*'; '*When I've tried to get help for stress and depression I haven't got anywhere with the mental health team*'. Comments in surveys suggested that **all but emergency/crisis support for mental health appeared to have been suspended during lockdown**.

Other comments made multiple times, though not by majorities, addressed a sense of **increasing tensions** ('*fellow prisoners tempers have been snapping faster resulting in fights*'; '*mental health and well being within the prison has also deteriated and tensions have been rising dramatically … with no family visits and the gym and education also cancelled*'); **lack of stimulating distractions** like books rather than activity packs in cells; the **positive benefits of mobile phones** allowing for family contact, and the **positive role of having a job** continuing through Covid allowing people to keep busy out of cell (see next section). There was also mention of inappropriate provision of recreation, where people whose first language was not English or had a disability were provided the same activity packs, DVDs and so one as everybody else.

Minorities (20% or less) reported things improving, such as life on the hall (15%), wellbeing (21%) and safety (20%). Comments elaborating on this explained preferences for smaller group life; being used to the quiet of their cell; or distant family newly able to visit via video. Some comments conveyed the sense of prisoners shutting down during lockdown, putting up with more isolation. Sometimes this was inflected with a spirit of having to shoulder like

those on the outside a period of tough times; for others it carried a negative inflection of prison life already being dulling or punitive, with lockdown merely being an intensification of this. This may explain the interestingly high numbers (20-40% or more) who rated things feeling 'the same' during Covid; this response is analysed in a separate briefing.[9]

What got people through? Any positives?

There were a number of things people mentioned that was helping them to get through Covid lockdown. For the small number of people who characterised their overall experience of lockdown positively, it is important to situate this in the wider context of overwhelmingly negative experiences reported in the survey. Negative comments not only significantly outnumbered positive ones, but in the main were expressed with much greater intensity. Some of the positive comments were borderline neutral, e.g.: '*During lockdown things have changed both for the better and worse… we now have access to mobile phones in our cells which is good, tho some district areas are barred from the prison, but all that we have in progress just now is the best we could have I suppose*'. Similar comments reflected positives about how prisons were being managed as restrictions slightly eased (allowing some in person visiting) so positive views sometimes were relative to less positive experiences of the 'hard' lockdown period in Scotland from March through May 2020.

The three things mentioned most frequently as supportive of coping were:

- **Access to mobile phones** and video visits to maintain family contact: '*Mobile phones were made available to prisoners in late June. This has made a massive difference to routine/mental health etc./contact family in evening*'.

- **Having a job within an essential service (such as kitchen, laundry, or trusted pass roles)** that carried on through lockdown, or being a passman: '*because of my job as a pass man…I am opened up for most of the day to carry out my duties. Other prisoners are only opened up for a shorter period…which causes frustration, anxiety and anger*'

- **Positive staff interactions**, mainly referring specifically to SPS staff, were noted by some: '*the staff + PTI kept us as busy as possible with worksheets, exercise and recreation where possible.*'

Three people said they had addressed addiction issues during lockdown supporting deeper reflection on their lives and focus and **recovery from addiction**. '*Since lockdown began I have used it to my advantage to totally abstain from drugs after a 20 year addiction and now I feel I am in the best place I have ever been physically and mentally…I would not wish lockdown again as I am one of the lucky ones who was able to cope with the long periods confined to my cell*'; and, '*this has been the longest I've been drug free since I've been 13 years old, so I have tried my best to take some positive thoughts from all the negativity*'. One person who extensively praised the care of SPS staff also seemed to be experiencing hallucinations following a spell in isolation that were not addressed. A few people mentioned **Chaplains** and

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[9] S. Armstrong (2020) 'Things are the same': Complicating OK narratives of prisoners during lockdown, https://scotlandinlockdown.co.uk/2020/12/03/things-are-the-same-complicating-ok-narratives-of-prisoners-during-lockdown/ [Accessed 10/12/2021]

Education as offering important means of support. One person noted that being from a remote area of Scotland meant video visits increased their contact with family during the prison sentence.

Women's experiences

The small number of women among imprisoned survey respondents (11 people) urges caution in interpreting their responses. However, their perspectives largely showed similar themes in kind and frequency to the overall group. In terms of age profile, the women respondents were all in their 30s to 50s while the men included ages ranging from the 20s to 70s. **Women were similar to the overall group in disclosing worsening mental health especially in the context of reduced or suspended contact with family, and lack of access to services** both in prison and in preparation for release. Some of the women's comments were included above, in the discussion on how bad things got; further examples from women are: '*My life has stopped my anxiety is all over the place…full of dread not being able to have visits like normal not knowing if family are safe*'; '*Health Centre nurses no help…No access to hospitals*'; '*my grandfather died [on date] with covid I've received no support at all Iv not seen my kids since Feb social work are no where to be seen*'. An example of a positive comment is: '*Getting out of cell with smaller groups also helped me as I get anxious in big groups/crowds*'. Women were slightly more likely to mention children, and a greater percentage of women (60%, six of ten answering the question) compared to the overall sample (45%) said they **never had access to varied recreational activities** during lockdown. Again, these figures should be read in a qualified way given the small numbers involved.

Age and establishment differences

As with the subgroup of women, other subgroups are small so findings here should be treated cautiously. However, differences noted in small groups may be worth investigating further. There were some differences between age groups. Younger people (those in their 20s) reported more negative experiences relating to family contact, healthy food, managing medication and sense of safety. Older people (those in their 60s and 70s) reported worse experiences compared to younger ones about outdoor access, personal wellbeing, keeping a routine and getting daily exercise. These results are summarised in the graphic below.

Percentage responding things got worse for selected categories, by age group
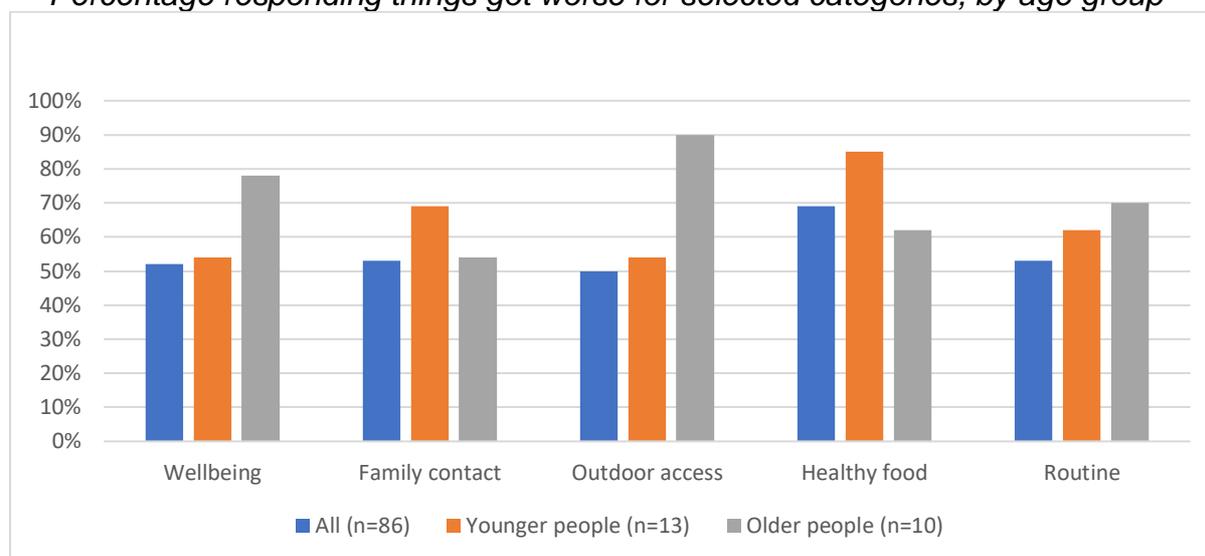
In terms of prisons returning the most surveys, Kilmarnock respondents reported negative experiences at much lower levels than the overall group in three areas: daily exercise, personal wellbeing and routine and structure. Edinburgh (83%), Low Moss (86%) and Perth (86%) had much higher than average negative responses about healthy food compared to overall (69%); Edinburgh (75%) and Perth (100%) also had much higher than average negative reports about personal wellbeing (overall 52% rated this negatively). Low Moss had the highest negative response rate for outdoor access. Barlinnie (83%), Low Moss (83%) and Perth (86%) had much more negative responses about life on halls becoming worse compared to the overall average (65%) saying this. The numbers are small, however, and these findings may not reflect overall trends.

Conclusion and implications

The survey of prisoners provides a valuable source of information about experiences of Covid restrictions in Scotland. The clear, dominant theme was of severe and negative mental and physical health consequences of increased isolation. This contradicts anecdotal reports that prisoners preferred or enjoyed Covid lockdown restrictions, such as because it meant there was less bullying or noise. This survey of 86 respondents included a handful – three or four – who made positive use of their increased time in cell. However, it would be deeply misleading to conclude many or most preferred life in prison during Covid restrictions. The vast majority of respondents reported declining physical and mental wellbeing during Covid restrictions in 2020.

In particular, loss of family contact combined with lack of distracting activities and access to support significantly intensified suffering in prison during lockdown. These data, combined with the sharp increase in suicide and drug deaths in prison over the pandemic period[10], indicate the urgency of reflecting on how to balance infection risk management alongside other issues of health and wellbeing in prison, should Covid or another pandemic require another significant change to prison operations. In addition, the kind of information seen as useful, who is seen as a trustworthy source of information and the ability to follow health advice such as mask wearing could help shape health and communications strategies in future. Often mentioned factors such as lack of healthy food, maintaining social connections and regular outdoor access show that the guidance given to people in Scotland to keep well, for the most part, could not be followed by those who were imprisoned, and requires specific adaptations.

The loss of lives to Covid among those in Scottish prisons was less than in some prison systems around the world, but it came at a cost. The levels of cellular isolation reported to us fit UN definitions of solitary confinement and torture.[11] With much more thorough understanding of Covid disease, viral transmission, as well as initiatives undertaken in the pandemic to address isolation and manage congregate living, one hopes that ways of managing the pandemic can be found that prioritise family contact, mental health support and continuing forms of activity and recreation. The small but important positive comments people offered on coping showed differences between prison establishments where sometimes small efforts – of expressing care, providing support, keeping an activity going – had substantial benefits.

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[10] Scottish Prison Service reported deaths in prison have shown increases in suicide over the past two years; news reports have suggested drug overdoses are on the rise.

[11] https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25633 [accessed 10 December 2021]

More information including additional publications from the study can be accessed from the website:

https://scotlandinlockdown.co.uk