



## **Voices of Prisoners**

Experiences shared with Let's Be Heard

A Case Study

## **Content Warning:**

Please be aware that some parts of this report may be distressing or raise issues of concern for some readers. There are a range of services available if you require support after reading this paper, which can be found at the end of this document.



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# Executive Summary

## What is Let's Be Heard?

Let's Be Heard is the Scottish COVID-19 Inquiry's public participation project.

The independent public Inquiry is investigating the devolved strategic response to the COVID-19 pandemic in Scotland between 1 January 2020 and 31 December 2022. It will establish the facts, identify lessons that need to be learned and make recommendations to Scottish Ministers, so we are better prepared in future.

Let's Be Heard has been established to give people living in Scotland, or affected by decisions made in Scotland during that period, the opportunity to share their experiences, and the lessons they believe should be learned from them.

Participating in Let's Be Heard is the main way in which people can engage with the Inquiry to help inform its investigations, reporting and recommendations. It would not have been possible for the Inquiry to hear as many experiences of the pandemic from the people of Scotland without Let's Be Heard, and the Inquiry is grateful to those who have shared their experiences.

## Purpose of this case study

This case study shares Let's Be Heard's thematic findings from the responses of 74 prisoners in Scotland. It includes their experiences of the pandemic in Scotland during the period the Inquiry is investigating, the impacts of the

Scottish Government's rules and restrictions, and the lessons prisoners think should be learned from their experiences. This case study was conducted to ensure that the experiences of prisoners, who are not providing oral evidence to the Inquiry, are captured and represented.

## Main observations

- **Mental health:** We heard from responses that the mental health of prisoners in Scotland was severely impacted during the pandemic. Respondents felt isolation and increased time locked in cells adversely impacted prisoners, with many feeling that restrictions compounded their custodial punishment and led to depression and anxiety. Some respondents reported increases in self-harm, feeling suicidal, and the use of illegal drugs during periods of lockdown. Changes in routines and responsibilities were also reported to have had profound impacts on the mental health of prisoners.
- **Limited opportunities:** Prisoners stated that stricter measures affected food quality and hygiene, disrupted daily routines, limited access to education and reduced opportunities for exercise. Cancellation of activities meant that prisoners could not participate in the developmental activities needed for them to progress to lower security facilities. A small number of respondents also reported that delays in court proceedings led to increased time on remand and caused additional stress.

- **Prisoner/staff relations:** Respondents reported that during the pandemic there was an erosion of relationships between prisoners and staff. They said that poor communication between prison authorities and prisoners led to frustration and anxiety. Respondents believed that prison officers were the source of infections in the prisons, with many reporting that staff did not follow Scottish Government guidelines. However, some prisoners praised staff and their efforts to support them, noting that prison officers were under pressure at home and at work.
- **Access to healthcare:** Respondents felt that they had additional barriers and delays in relation to accessing healthcare, compared to people outside prisons. This included access to tests, mental health support and vaccinations.
- **Visits:** Prisoners and their families reported feeling distressed by the halting of face-to-face visits but later welcomed the Scottish Prison Service's (SPS) rollout of mobile phones and the use of virtual visits.
- **Preparedness and communication:** Respondents felt that Scottish prisons were not adequately prepared for the COVID-19 outbreak. Those in custodial care reported poor communication, and some said that they were not given enough information about COVID-19 and the associated restrictions.

## Prisoner views on lessons to be learned

Prisoners gave their views to Let's Be Heard on the lessons they thought should be learned, including:

- **Pandemic planning:** Prisoners felt there should be clear and practical plans in place for each prison, including staff training, preparation of PPE and a plan in place for returning to pre-pandemic routines. This should include broader plans to avoid disruptions to justice processes and release dates.
- **Infection control:** Respondents wanted to see increased hygiene measures for prisoners and their environment, and greater availability of tests in the event of a future pandemic.
- **Mental health:** Respondents said there should be measures in place to prevent loneliness, isolation and poor mental health, such as increased social time with other prisoners, calls with friends and family and increased welfare checks.
- **Communication:** Prisoners also wanted clear and prison-specific information available on restrictions, guidance and vaccinations. Prisoners would like this to be available to SPS, its staff, and those in custodial care.

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## Abbreviations and Key Terms

<b>Term</b>	<b>Meaning</b>
Inquiry	Scottish COVID-19 Inquiry
COPD	Chronic obstructive pulmonary disease
EHRC	Equalities and Human Rights Commission
EUPD	Emotionally Unstable Personality Disorder - also known as Borderline Personality Disorder (BPD)
HMP	His Majesty's Prison
NHS	National Health Service
PPE	Personal Protective Equipment
PTSD	Post Traumatic Stress Disorder
SPS	Scottish Prison Service

# 1. Introductions

## 1.1 Introduction to the case study

Everyone in Scotland was affected by the COVID-19 pandemic, including those in Scottish prisons. Since a key focus of the Inquiry is to look at how people were impacted by the devolved strategic response to the pandemic in Scotland, it is important to also include the experiences of prisoners during this time. This case study seeks to better understand the experiences of prisoners in Scotland during the pandemic through an examination of prisoners' responses to the Scottish COVID-19 Inquiry's participation project, Let's Be Heard. It will include the experiences of prisoners in Scotland during the pandemic, the impacts of the Scottish Government's rules and restrictions, and the lessons prisoners think should be learned from their experiences.

This case study was conducted by Let's Be Heard to capture the experiences of those based in Scottish prisons and help inform the Inquiry's investigations. It shares the main observations from the 74 responses sent to Let's Be Heard from 74 prisoners in Scotland. Please note that the respondents were self-selected, so participation was voluntary and do not reflect the voices of all prisoners in Scotland.

References to 'prisoners' and 'respondents' are used interchangeably to refer to the prisoners who responded to Let's Be Heard.

It is important to note that the thematic findings in this case study represent the views of those who engaged with Let's Be Heard. They do not represent, nor anticipate, the Inquiry's conclusions or recommendations.

## 1.2 The Scottish COVID-19 Inquiry and Let's Be Heard

The independent Scottish COVID-19 Inquiry was set up to establish the facts and learn the lessons from the devolved strategic response to the COVID-19 pandemic in Scotland. The scope of its investigation is set out in its [Terms of Reference](#), and includes the impact on the provision of health and social care, education and certification, and business and welfare support.

Let's Be Heard is the Scottish COVID-19 Inquiry's public participation project. It gives everyone affected by the devolved strategic response to the pandemic in Scotland between 1 January 2020 and 31 December 2022 the opportunity to share their experiences with the Inquiry.

Let's Be Heard ran its National Engagement Period from May 2023 to December 2023. During this time, members of the public were asked three key questions:

1. What were your experiences during the COVID-19 pandemic?
2. What were the impacts of these experiences on you or the people you know?
3. What lessons do you think should be learned from your experiences?

A preliminary report with initial thematic findings was published by Let's Be Heard in November 2023. These findings drew on a random sample size of 675 individual experiences that had already been shared with Let's Be Heard.

This was followed by a Focused Engagement Period, from May to November 2024, which aimed to hear from groups of people who had not engaged with Let's Be Heard, and to hear more about unequal impacts across the Inquiry's [Terms of Reference](#). During this time, Let's Be Heard's National Engagement response form remained open for members of the public to continue to tell the Inquiry about their experiences of the pandemic.

Almost 12,000 people shared their experiences with Let's Be Heard, including 74 prisoners from prisons across Scotland.

Let's Be Heard is a public participation project, allowing everyone in Scotland to share their experiences of the pandemic with the Inquiry, should they wish to do so. As with all public participation exercises, Let's Be Heard does not seek to fact check what is shared. It allows the Scottish public to express what happened to them in their own words. Let's Be Heard then analyses what is shared, identifying the key themes and lessons to be learned, as highlighted by respondents, to feed into the Inquiry's investigations, reporting, and recommendations to Scottish Ministers.

### 1.3 Context: Information on Scottish prisons

The Scottish Prison Service (SPS) is an executive agency of the Scottish Government. The SPS runs 15 institutions across Scotland, housing adults and young offenders both on remand and serving custodial sentences. Due to the nature and culture of prison life, particularly regarding the confinement and close proximity of prisoners to each other, the effects of COVID-19 created disproportionate impacts on prisoners in comparison to the general public.

The Scottish prison system also includes prisons which are privately managed, operated under contracts with private companies. These facilities, while still subject to oversight from the Scottish Government, are managed under a guidance chain distinct from the direct control of the SPS. This case study engaged with two prisons that were privately-run during the pandemic.

Throughout this case study, the terms 'prison authorities,' 'prison management' and 'prison staff' are used broadly to refer to all personnel, regardless of whether they serve in public sector or privately run institutions.

## 2. Methodology

In collaboration with the SPS, 800 Let's Be Heard response forms were distributed proportionately around the 15 SPS prisons, based on prison population. This number was based on a 10% sample of the estimated 8,000 Scottish prison population at the time of survey distribution. Each form was pre-marked to enable identification of returned forms as being from the prison service and separate to responses from the general public. Although these forms were marked as coming from someone within the SPS, respondents were still given the opportunity to remain anonymous, as was the case with members of the public who shared their experiences.

Let's Be Heard received 98 forms from prisoners, a 12.25% response rate, a standard rate for a mail-in survey. From these, 74 forms were used in analysis for this case study: six of the returned forms had no written answers, so could not be included; 18 returned forms included experiences not specific to life in prisons. These forms will instead be analysed as part of broader Let's Be Heard reporting. While this is a sizeable sample for prisoners, it represents just over 1% of the Scottish prison population at the time of submission. Given the self-selected nature of the sample and its small proportion relative to the overall prison population, the responses should be seen as reflective of the views of the respondents rather than a statistically significant representation of the entire Scottish prison population.

Respondents were asked to answer three open-ended questions and additional demographic questions. The three core questions asked respondents to share

their experiences, the impacts of these experiences, and any lessons they believed should be learned. Together, the answers to these questions were thematically analysed alongside an analysis of the submitted demographics and equalities data.

This case study also includes relevant data on the experiences of prisoners gathered from broader research and public engagement events by Let's Be Heard, in order to provide further context and information to the main thematic findings. Incorporating this data helps to contextualise the experiences of prisoners by capturing the experiences of those working in prisons, those involved in the justice system and those who were not incarcerated at the time of the research.

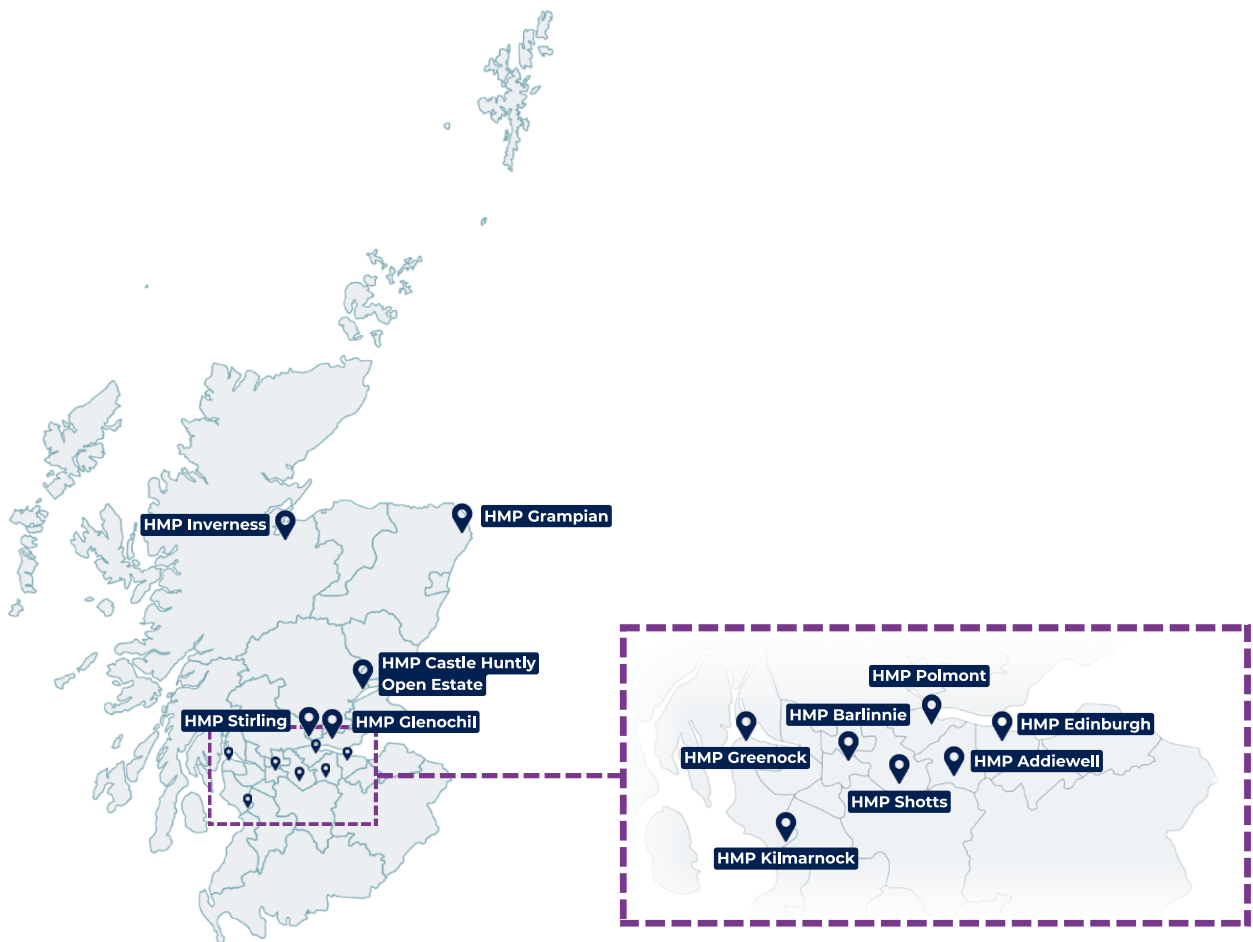
Identifying information, including prison names, have been removed from excerpts in order to ensure the anonymity of respondents.

## **2.1 Who were the respondents?**

The 74 responses analysed for this case study were received from across 12 of the 15 SPS institutions that received Let's Be Heard response forms. Due to the anonymous nature of the forms, it was not possible to identify the prison location of all the respondents. The map below shows the prisons that are represented in this case study:



Figure 1: Map of the prisons where prisoners shared their experiences with Let's Be Heard:

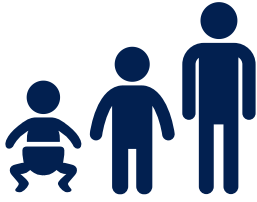


Prisons where prisoners engaged with Let's Be Heard:	
HMP Edinburgh	HMP Glenochil
HMP Barlinnie	HMP Stirling
HMP Shotts	HMP Kilmarnock
HMP Addiewell	HMP Grampian
HMP Polmont	HMP Castle Huntly Open Estate
HMP Greenock	HMP Inverness

A key part of the work of Let's Be Heard is to help the Inquiry determine whether the pandemic in Scotland affected people in different and unequal ways. To help it do this, Let's Be Heard is collecting equalities data alongside people's responses to the three core questions. People can choose to complete optional additional questions about protected characteristics, including age, sexual orientation and ethnicity. Collecting this data helps Let's Be Heard better understand the background, intersectionality and inequalities surrounding people's experiences, and report on them.

Key demographic data from the 74 responses shared in this case study include: age, gender, sexuality, religion, disability status, and ethnicity. Please note that not all demographic questions were answered by every respondent and percentages have been rounded to the nearest whole %. A snapshot of the overall demographic make-up of Scottish prisons in 2021-2022 can be found at the end of this section.

### Age



Two thirds of prisoners who responded were aged 31 to 60, with the majority in the 31-40 age group. The smallest proportion of respondents were in the youngest and oldest age categories, respectively 16-20 and 71-80.

### Gender



Of those respondents who told Let's Be Heard their gender, the majority who took part were male (84%). 12% were female. 4% of respondents answered as 'prefer not to say' or chose not to respond to this question.

### Sexual orientation



Most of the respondents who told Let's Be Heard their sexual orientation identified as heterosexual/straight. A small proportion of the group (4%) were gay/lesbian, and 1% were bi/bisexual.

### Disability



39% of prisoner respondents said that they considered themselves to have a disability under the Equality Act 2010.

### Ethnicity



Prisoner respondents were mainly white Scottish/British. A small proportion (7%) were from a non-white/mixed race background, and a small number stated 'other' without providing further information.

### Religion



Slightly more than half of the respondents identified as Christian, 8% of whom were Catholic. A third of respondents stated that they had no religion. 11% listed other religions including Islam and Judaism.

## 2.2 Demographic snapshot of Scottish prisons

In order to place some of the demographic data of the 74 responses in context, there follows a snapshot of the Scottish prison population at the time of survey distribution.<sup>1</sup> Note that not all comparative data was available.

- Age: 64% of individuals experiencing imprisonment were made up of people aged between 24 and 44.
- Gender: women made up 6.5% of individuals experiencing imprisonment.
- Sexual orientation: 2% of individuals experiencing imprisonment self-reported on arrival that they were lesbian, gay, bisexual or other.
- Disability: 10% of individuals experiencing imprisonment self-reported on arrival that they had a disability.

<sup>1</sup> Scottish Government. *Scottish Prison Population Statistics 2023-2024* (Scottish Government Publications – Statistics, 2024).

- Ethnicity: 7% of individuals experiencing imprisonment self-reported on arrival as an ethnicity other than 'White'.

## 2.3 Related studies

As part of this case study, Let's Be Heard reviewed a selection of existing academic literature and public reports regarding the experiences of prisoners in Scotland during the pandemic. Much of this literature focuses on the early phases of the pandemic and its immediate impacts. However, this case study benefits from a longer-term perspective, offering a detailed understanding of the ongoing impacts and challenges within the prison system throughout the period the Inquiry is investigating.

One key report referenced throughout this case study is that of Armstrong and Pickering et al., which highlights critical issues such as the implementation of lockdown in prisons, the mental and physical health of prisoners, and the challenges of accessing healthcare services.<sup>2</sup> It also addresses the disruption to rehabilitation programmes, education and family contact due to measures and restrictions. Using similar research methods, this case study both confirms and builds upon these earlier studies, revealing new perspectives from prisoners about their experiences.

Further studies have highlighted the additional impacts of pandemic restrictions on prisoners, including changes to drug use and support,<sup>3</sup> the introduction of

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<sup>2</sup> Sarah Armstrong, Lucy Pickering, Chris Bunn, Oona Brooks-Hay et al. *Left Out and Locked Down: Impacts of COVID-19 Lockdown on Marginalised Groups in Scotland: Report of the Scotland in Lockdown Study* (University of Glasgow, 2020).

<sup>3</sup> Claire Toomey, Maria Fotopoulou, and Sarah Armstrong. *Mapping drug use, interventions and treatment needs in Scottish prisons: a literature review* (The Scottish Centre for Crime and Justice Research, 2022).

mobile phones for prisoners,<sup>4</sup> the experience of custody during lockdowns,<sup>5</sup> and the voices of those affected by these challenges.<sup>6</sup> The two studies conducted by the SPS focused on specific, self-defined areas aimed at gathering feedback on internal COVID-19 related initiatives.<sup>7</sup> The reports were shared by the SPS with Let's Be Heard, as a part of Let's Be Heard's methodology, where pre-existing organisational reports that collate people's experiences of the pandemic in Scotland can be submitted to Let's Be Heard.

This Let's Be Heard case study draws on the above studies throughout the next section to provide further information on the pandemic's experiences and resulting impact on prisoners and provide a contextualised evidence base.

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<sup>4</sup> Graeme Dickson. *Engaging with Individuals in Custody about the Introduction of Mobile Phones and Virtual Visits across the Scottish Prison Estate in Response to Covid-19*. (Scottish Prison Service, 2021).

<sup>5</sup> Graeme Dickson. *Engaging with Individuals in Custody about the Impacts of COVID-19 on Their Experiences of Custody* (Scottish Prison Service, 2021).

<sup>6</sup> Caitlin Gormley, Phillippa Wiseman, and Nughmana Mirza. *Scotland In Lockdown: Stories from People Affected by Criminal Justice Control* (Issuu, 2022); Matthew 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," *The British Journal of Criminology* 62, no. 1 (2022): 218-233.; Matthew Maycock. "What do times of crisis reveal about the "total" nature of prisons? Analysing the impacts of the COVID-19 crisis within the Scottish prison system." *Journal of Criminology* 56, no. 2-3 (2023): 234-252.

<sup>7</sup> Dickson, *Mobile Phones and Virtual Visits*; Dickson, *Impacts of COVID-19 on Custody*.

### **3. Analysis of Four Key Themes**

Prisoners across Scotland shared a multitude of insights into the challenges they faced during the pandemic. Respondents shared their experiences across several aspects of prison life, including how they felt authorities managed the pandemic, prison staff measures and behaviours, barriers to healthcare, mental health impacts, and life under pandemic restrictions. Their experiences, as highlighted in this report, will help inform the Inquiry's investigations. It is important to note that the views shared below represent the personal experiences and perspectives of prisoners and are not reflective of the views held by the inquiry.

#### **3.1 Institutional responses and challenges**

This section focuses on the experiences shared by prisoners about how the Scottish authorities and prison staff managed the pandemic. While some respondents felt the pandemic was handled well, many expressed frustrations around poor planning and limited communication about what was happening. When safety measures were introduced, prisoners highlighted further barriers to infection-control, including limited access to COVID-19 testing, a shortage of adequate Personal Protective Equipment (PPE), and instances where staff did not follow the necessary safety precautions. Those in need of justice services from within prison reported limited access and delays in receiving essential support.

As a result, many prisoners shared that they felt anxious and unsafe during the pandemic, with some describing a loss of trust in the system that was meant to protect them.

### 3.1.1 Lack of pandemic planning and preparation

While a few prisoners felt that the Scottish Government and the SPS managed certain aspects of the pandemic well, a large proportion reported that authorities need to be better prepared in the future. Many prisoners perceived that there was no plan in place to address the pandemic.

Some prisoners acknowledged the difficulty of responding to the pandemic for governing bodies, as one prisoner noted: "The SPS and NHS government did their best they could as no one had experienced this. A lot of people are still alive. There are good and bad in every new pandemic." Another prisoner reported that the prison they were in "did well under the circumstances," while another expressed: "In a close-knit community, the regime they adopted worked well."

Prisoners also expressed negative views around perceptions of preparedness. As one respondent simply noted, "there was no preparation put in place for the pandemic," while another commented, "the SPS/Government need to look at places like prisons and set up plans for infectious viruses in the future instead of doing nothing." This sentiment was echoed by others who called for "a crisis plan [to be put] in place in case of a similar incident, a plan prisoners could be aware of." Such a plan would prevent the sudden lockdowns from feeling like "a slap in



the face," as one respondent noted, as prisoners would be informed in advance about what was happening.

One respondent expressed that "the lack of preparation meant that at first no one took the pandemic seriously," a view shared by others who felt the response was "too slow" as a result. Several prisoners highlighted that authorities did not proactively address the potential risks as the pandemic started to emerge. When actions were finally implemented, some prisoners viewed these measures as reactive rather than being part of a pre-planned strategy. A few prisoners noted that this perceived lack of planning resulted in poor decision making, of which they reported bearing the consequences, calling the response "haphazard". As another prisoner explained:

"There seemed to be no planning for a pandemic, or any lockdown, and any measures brought in were very restrictive and more reactive in nature rather than planned."

Many other respondents were critical about measures being implemented too late, such as delayed lockdowns, which allowed the virus to spread before any significant steps were taken. For instance, one person noted that a full wing lockdown was imposed after six people had tested positive, while another mentioned that a lockdown was triggered when 10 people had been infected. Some prisoners expressed the view that better management could have reduced the risk of infection in the first place, as one person expressed, "if things had been dealt with differently, I probably wouldn't have caught COVID-19."

Overall, a large proportion of respondents thought that better planning and proactive strategies might help address the delayed responses in the future. Reflecting on COVID-19, one prisoner noted that “better operational planning and decisions need to be made not only to deal with what happened but what could happen in the future.” Others felt that “COVID-19 could have been handled better,” and that “we can use this to create a future crisis plan.” One person specifically called for “a review of prisons” to better prepare for similar challenges.

### **3.1.2 Communication failures between prisoners and authorities**

Communication has emerged as a key theme in understanding the prison experience during the pandemic in Scotland, underscoring its critical role in shaping relationships between authorities and prisoners.<sup>8</sup> In this Let's Be Heard case study, many respondents described their experiences in prisons during the pandemic as “hell” and “mayhem,” largely due to communication breakdowns in information delivery. Many respondents also acknowledged the unprecedented nature of the situation but still felt the Scottish Government and the SPS failed to provide timely and adequate information. Several respondents called for better communication between the government, NHS, SPS, and prisoners, stating that this would “alleviate anxiety and dispel rumours.”

While one prisoner acknowledged that staff “did their best” to keep them updated adding that “it was hard,” many other prisoners reported contrasting experiences. Respondents expressed frustration with the lack of information from the SPS, stating that as prisoners they were “restricted to what we are told

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<sup>8</sup> Armstrong, *Left out and Locked Down*, 57; Maycock, “Dramatic Change to Prison Life,” 227-8.

by staff." Lack of information about the spread of COVID-19 and what was happening in the wider world during the pandemic proved to be a prominent cause of mental distress among prisoners. As one person stated, "Only hearing about it from a form and then on the news 24/7 really made me anxious."

Getting information was challenging as "staff weren't allowed to talk to you in case it spread the virus." As one person explained, "The only information I could find out is from what was on the news and what we could ask families over the phone." This view aligns with broader findings from the Armstrong et al. study that highlights how support from families became essential for prisoners by providing information.<sup>9</sup> Without clear and consistent information, a few respondents explained that misinformation quickly became an issue, with rumours spreading unchecked in the absence of reliable updates. This was especially evident early in the pandemic, as described by one respondent:

"During lockdown the first time we were told we were locked up, no information, nothing. People went mad as we thought we were locked up to die. We basically had to get on with it."

Many also expressed a strong desire to have been better informed about COVID-19 and vaccines but faced significant barriers. As one respondent put it:

"I wanted to find out about the disease and about the vaccines, but due to being in prison and security issues, I couldn't find out what I wanted to. I still have a lot of unanswered questions about a lot of different aspects of it. It was badly handled and a very bad experience."

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<sup>9</sup> Sarah Armstrong, Betsy Barkas, Ryan Casey, Neil Cornish et al. *Prisoner experiences of COVID-19 restrictions in Scotland during 2020* (University of Glasgow, 2022), 3.

Respondents noted that they wanted more information about isolation periods and which prisoners or prison staff had tested positive for COVID-19. This perceived lack of transparency created confusion and uncertainty among both prisoners and staff. Prisoners called for “open and honest” communication, emphasising the need for clearer guidance about the status of COVID-19 cases within the prison. Prisoners expressed that better communication could have helped to reduce anxiety and avoid confusion, and emphasised the need for clearer dissemination from the Scottish Government to prison staff and prisoners.

Some prisoners felt that the lack of information was because “no one cares” about them. Another stated that better communication would “alleviate anxiety,” and that, “when all parties are on the same page, there is better compliance.” These experiences highlight how communication serves two functions in prisons: reducing stress by keeping prisoners informed and improving institutional operations through better understanding of rules and expectations. When prisoners understand why certain procedures exist and feel informed about changes, they are more likely to comply willingly, creating a safer environment for everyone.

### **3.1.3 Lack of staff training and compliance with infection control procedures**

Previous literature highlights prisoners’ concerns about staff failing to follow the procedures they are tasked with enforcing.<sup>10</sup> Prisoner responses to Let’s Be Heard align with these views, with prisoners reporting that staff did not comply with infection control procedures. It further reveals that prisoners attributed this

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<sup>10</sup>Armstrong, *Left out and Locked Down*, 9.

to a lack of staff training. These factors were key in shaping how prisoners viewed the overall handling of the pandemic within the facility.

Many respondents felt that staff were not trained to handle the virus, describing them as “overwhelmed,” and “ill-equipped”. One person noted that “staff did not seem to understand how to manage day to day.” Another person described:

“From the first instant of lockdown, the SPS staff here were lost. Lack of clear management, or protocols, or clear guidelines, caused panic and ineptitude.”

The importance of consistent direction was highlighted by one prisoner, who said, “in an environment as volatile and unpredictable as prison, we need clear instructions and direction,” underscoring how stability and guidance minimise tensions during a challenging time. Tensions were also heightened by staffing changes, which prisoners described as “confusing and conflicting,” further undermining any sense of predictability.

Many prisoners voiced significant concerns about staff bringing COVID-19 into the prison due to poor infection control procedures and training. They explained that once visits were stopped, it appeared that staff became the main source of COVID-19 infection in the prison. Several prisoners suggested that while safety measures were focused on stopping prisoner interactions, the risk posed by staff was largely overlooked. According to one prisoner, “SPS's emphasis was on prisoner-to-prisoner transmission which neglected that it was staff who were the group who were taking the virus into the jail.” Another person explained:

“The issue around COVID-19 was the SPS failed with ensuring staff didn't have COVID-19 when coming into work. More restrictions were placed on family and friends when coming into the prison. It spread fast. The result was the SPS shut down the prison when it was too late.”

Another explained the perceived issue in more detail:

“We done a lockdown for 19 days when outside was 10 days all because of officers were made to come in to work with a faint fail line on lateral flows and governors was not taking them as positives.”

If these beliefs are correct, staffing shortages caused by sickness or quarantine during the pandemic might be a contributing factor. Prison staff who responded to Let's Be Heard reported that these shortages were not adequately addressed, noting that this worsened the spread of the virus, as understaffing led to more pressure on staff members to work despite being sick.

Several prisoners blamed the absence of infection control procedures for staff that would have prevented them from entering the facility with COVID-19. As two separate respondents explained:

“SPS staff did not inform any prisoner within [prison name] of any staff who had tested positive for COVID-19 whilst on shift. SPS policy was to withhold information and prevent prison testing.”

“[Prison name] did not put in place a protocol to test staff at entry to [prison name] this left them open to spread the virus.”

In some cases, prisoners perceived these experiences as unfair and unequal, especially as they were required to isolate and restricted from seeing family, while staff were allowed to interact both within and outside of the facility. This added to the emotional strain on prisoners at an already difficult time. As one person stated, "The hall bubble couldn't mix, but staff from all over the city could mix from day to day." These descriptions demonstrate the feelings of injustice and frustration among respondents, who felt staff were not following the same COVID-19 restrictions they were subject to.

Respondents said they often observed staff failing to comply with PPE guidelines, and they criticised staff for the perceived inconsistent and careless approach to PPE. Others reported that some staff members wore PPE sporadically, while other members of staff ignored the guidelines entirely. Prisoners viewed this behaviour as irresponsible, as it increased the risk of infection and reduced their sense of safety. As one person stated:

"The staff weren't following the 2-metre rule when they were leaving, all hugging each other. What was the point of us locked up [and] no visit when staff didn't care about the rules."

Prisoners reported they had limited access to PPE compared to staff members, which meant that staff therefore had "more protection" from the virus. Prisoners felt that "what should happen is that PPE is available to everyone, not just staff," highlighting concerns about fairness and needing more equal safety measures for both staff and prisoners during a pandemic.

### 3.1.4 Staff attitudes and treatment towards prisoners

The treatment of prisoners by staff members is a key theme that emerged from the broader studies on the prisoner experience in Scotland, with care and compassion playing an important role.<sup>11</sup> Similarly, the prisoner responses align with these findings, with respondents offering both positive and negative feedback around these behaviours.

On the one hand, respondents recognised the efforts made by staff to support them in difficult circumstances and took the opportunity to “thank the staff for doing everything they could with COVID-19.” One person stated that it was helpful to be given extra TV channels, phone money, and entertainment. Another prisoner, who was in isolation for over a year, shared that “staff went out of their way to help me cope.” Multiple respondents acknowledged concern for officers who had to balance their work and family life during the pandemic with no formal support. Some prisoners felt that many members of staff did their best under the conditions and expressed empathy for the broader challenges faced by frontline workers during the pandemic. One prisoner praised the response, stating “NHS, SPS and Scottish ambulance were all amazing and are heroes.”

Inversely, some respondents described difficulties with an embedded culture of poor staff attitudes towards prisoners. They described carelessness among staff towards prisoners, which some prisoners attributed to a lack of training. Dismissive and disrespectful behaviour from staff was shared, particularly when prisoners were expressing concerns about their safety or a risk of infection. Respondents reported that staff often reacted with indifference or even

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<sup>11</sup> Armstrong, *Prisoner experiences of COVID-19*, 4.



mockery, with one person explaining, “the staff just laughed when you told them you were worried.”

Similarly, another respondent recalled staff telling prisoners, “Don’t worry we have received lots of plastic coffins so you will be sent back to your family,” showing a lack of empathy for prisoners’ fears and anxieties. Multiple prisoners reported that staff members “never helped to ease any issues,” and felt there was a level of indifference. They highlighted the psychological toll of an environment where concerns were dismissed. As a result of their experiences, one prisoner called for the creation of a “whistleblowing process” to hold staff accountable for their actions and ensure transparency in addressing misconduct in the future.

### **3.1.5 Insufficient protective equipment and cleaning measures**

Previous studies have reported a failure of the SPS to provide PPE in time to protect prisoners from infection.<sup>12</sup> In this Let’s Be Heard case study, almost a third of the respondents also expressed significant concerns about the quality and quantity of protective equipment and cleaning. They described the impact of COVID-19 as “dramatic” as they were unable to avoid interactions in a small, enclosed environment that did not allow them to socially distance effectively. They reported the significant lack of PPE, such as masks and cleaning measures, with the spread of infection likened to a “wildfire,” putting lives at serious risk.

Respondents shared that, in their view, prisons were slow to distribute PPE, if it was provided at all. One prisoner described PPE as “gold dust,” with some only receiving face masks, while others were told to make their own from recycling old T-shirts. As one respondent commented:

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<sup>12</sup> Armstrong, *Left out and Locked Down*, 57.

"PPE wow. The only PPE that was of any use was gloves. Masks provided were not adequate for viral protection and still to this date they have the same ones in circulation."

On a similar note, another person shared:

"There were never enough face masks in prison, I ended up with COVID 4 times and I suffer with [it] really bad. In prison, we couldn't even get face masks sent in by family."

Other prisoners described their struggle with basic hygiene and protection. One person reported that they had "no hand wipes for the first lockdown," and "no hot water for 3 weeks during it."

Some respondents also raised issues over the protection of prisoners who were performing essential tasks within the prison, such as those involved in food preparation and cleaning cells. They highlighted that these workers were not provided with adequate PPE. This was considered especially concerning as they needed proper chemicals and protective gear to prevent contamination between cells. One prisoner explained that they were only given masks and gloves to clean showers for around 50 prisoners, highlighting their concern that the protective measures were insufficient.

Overall, many prisoners felt that they were not properly protected from COVID-19. One person stated that in a small environment, "all we had were face masks and social distancing, which was not sufficient." Another prisoner stated, "make sure we're prepared with the right PPE."

### 3.1.6 Disruptions to justice processes and court proceedings

Several prisoners reported disruptions to justice processes and court proceedings in Scotland during the pandemic, with some describing the situation as “shocking”. Trials were frequently postponed due to COVID-19 exposure.<sup>13</sup> A few respondents were unhappy with these delays, with one person sharing that their trial was delayed by three months simply because they had been in close contact with someone who had tested positive. This increased time spent going through the justice system caused significant stress. Another individual explained that delays to the justice system caused them “prolonged anxiety”.

The impact of court delays on remand period was first documented in the literature on the early pandemic.<sup>14</sup> One respondent reported that she pleaded guilty simply because she would have spent more time waiting on remand than her actual sentence would have been. She explained that she was on remand awaiting trial when the pandemic hit Scotland. She had originally intended to plead not guilty, but the restrictions imposed on her receiving visitors led her to decide to plead guilty “to get it done with, because I might still be there now.”

This respondent also explained that due to COVID-19 restrictions, she was unable to review evidence properly while on remand. This was because her solicitor could not bring video evidence into the prison for her to watch. She also added that, “everything slowed down as well, and trials just weren’t happening.”

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<sup>13</sup> Armstrong, *Left out and Locked Down*, 63.

<sup>14</sup> Armstrong, *Left out and Locked Down*, 63.

She went on to explain “remand was probably half my sentence anyway, so if I stayed on that I may have done more than my sentence, waiting to go to court.”

### 3.1.7 Delays in prison progression and rehabilitation

The pandemic in Scotland disrupted the transition of prisoners to lower security facilities or release, resulting in extended stays in higher-security settings.<sup>15</sup> The lack of opportunities to demonstrate progress or good behaviour during lockdown periods meant that many were left in more restrictive environments for extended periods. One respondent remarked, “The pandemic resulted in a longer period of imprisonment because it was impossible to progress to less severe conditions (being a life prisoner).” Without progression programmes, one prisoner expressed that they felt they were left to “languish”.

One respondent explained that while they understood their punishment was a loss of freedom, they felt “marginalised” by the delays in progressing to less secure conditions. These delays added to their sense of unfair treatment, as they felt their chances for progression were unjustly stopped during the pandemic. Angered at the lack of progression during the pandemic period, one respondent noted the unequal impact on prisoners, stating:

“This has also impacted on offender behaviour programme delivery and subsequently affects progression to less severe conditions and leave for prisoners. Overall, the legacy of Covid is a shattered and non-functional prison regime.”

Similarly, rehabilitation programmes were suspended in some instances, leaving prisoners without access to vital services intended to prepare them for reintegration into society. Respondents stated that this left them with no

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<sup>15</sup> Armstrong, *Left out and Locked Down*, 62.

meaningful opportunities for skills development and added years to their incarceration. According to respondents, preparation for release was effectively paused, further adding to their frustration. To address these challenges, one respondent proposed that virtual and distance modules could be available for offender behaviour programme delivery, stating that:

“More technological solutions should be used rather than relying on old traditional methods, especially by the SPS.”

Prisoners believed that the pandemic caused significant setbacks in progression, rehabilitation, and release processes.

### 3.1.8 Ongoing issues after the easing of restrictions

Several respondents reported that in some cases restrictions remained in place into 2023, despite the reduced risk of COVID-19 in Scotland and the lifting of restrictions outside of prisons. They provided examples, such as being locked in their cells early in the evening, the failure to restore pre-pandemic routines, and experiencing long periods of isolation. Some respondents noted that they were initially told the restrictions would be temporary, but these measures stayed in place, making prisoners feel they were living in harsher conditions than necessary. The absence of a clear timeline for the return of pre-pandemic routines left prisoners stressed and dissatisfied. Another prisoner stated that:

“As a prisoner trying to get to a stage of progressing to an open estate the COVID pandemic became a way for people to excuse lack of effort or mistakes, as whenever something was done incorrectly, or done not at all

we were told 'Due to the COVID pandemic...' which again [had] a damaging effect on mental and physical wellbeing."

Cancelled activities and disrupted routines were reported by many respondents as resulting in them experiencing poor mental health. Many of these respondents also said that the "lockdown regime" or disruption continued in the prisons despite the pandemic being officially declared as 'over'. As one person stated: "Mental health was really bad with lock-up and the routine never reverted back [after the pandemic]." Another asked:

"For the sake of our mental health at least try to revert back to pre-COVID routine. For us prisoners it's as if COVID was never beaten we are still suffering its effects."

More detail on how the reported continued change of routine has affected mental wellbeing in the prison, was provided by another respondent who stated:

"The most significant impact was the change in our routine. We still to this day have not reverted back and are still following the supposed temporary change, this has impacted the whole prison population and a surge in mental health issues have arisen."

These experiences highlight the ongoing challenges of prisoners. They indicate that re-establishing routines could help improve the wellbeing of prisoners and provide a sense of stability and fairness after the disruptions caused by the pandemic.

## 3.2 Compounded impacts

Prisoners described compounded impacts from strict pandemic restrictions being added to an already demanding environment in the prisons. This section explores how these stricter measures, as described by prisoners, disrupted daily routines, limited access to education, reduced opportunities for exercise, and affected food quality and hygiene. It sheds light on how these additional restrictions shaped the overall experience of prison life during the pandemic and resulted in the perceived compounded impacts on the prisoner's experiences.

### 3.2.1 Increased isolation

The prison lockdowns resulted in prolonged periods of isolation, which many respondents described as being extremely difficult. One respondent stated, "The isolation [...] was a very dark and excruciating experience for prisoners like me."

Prisoners described how some of the lockdown measures in Scotland resulted in almost solitary confinement-like conditions. Several prisoners stated that due to social and physical distancing, they were kept in their cells for over 23 hours a day. Some respondents even reported being locked up alone for 24 hours in their cells.

Being confined to their cell all day without breaks was described in detail by one respondent:

“Spending time in a jail cell which is around 5m x 3m is tough normally but the effects of being cooped up in one with COVID and not getting out of it at all for 21 days or 30 days at a time was absolutely horrendous.”

Prisoners described being confined to their cells with little-to-no family contact, and they shared that staff were often the only other human beings that they had any contact with during the lockdown conditions. As one prisoner stated:

“In [the prison] the only time [we] saw staff members were while [they were] giving out food or meds but apart from that we never seen them, even [for them] to ask if we were okay. It was a scary time for us and we kind of felt on our own.”

These thoughts indicate how important human contact can be for prisoners, as contact with others was something that was missed by many respondents during the lockdown conditions. A report by Edinburgh Napier University on the impact of COVID-19 on voluntary sector work in the justice sector confirms the importance of providing human contact and reducing the isolation of prisoners.<sup>16</sup>

### **3.2.2 Suspension of work, exercise and education programmes**

In response to the pandemic, prison governors in Scotland were granted new powers to suspend work, education, and recreation activities.<sup>17</sup> Previous research revealed that these measures had a detrimental impact on the wellbeing and mental health of prisoners, as they rely on such activities to

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<sup>16</sup> Faye Skelton, Christine Haddow. *The Impact of COVID-19 on the Justice Voluntary Sector* (Edinburgh Napier University, N.d), 11.

<sup>17</sup> Maycock, “Impacts of COVID-19,” 8.



maintain a sense of purpose.<sup>18</sup> Respondents reported that this suspension significantly disrupted their daily routines. They shared that education, work and exercise programmes were reduced or stopped altogether, significantly affecting the mental health and wellbeing of prisoners. As one respondent explained:

“The SPS imposed severe restrictions to reduce contact among prisoners including cancelling most out of cell activity, visits, exercise and association.”

A large proportion of respondents emphasised that their access to exercise was severely restricted. For example, one respondent shared that gym access was reduced to just 20 spaces, three times a week, for 75 prisoners. Another described the experience:

“I found it hard as there was no exercise. You weren't allowed to talk to no one, and you were locked up all day and that played a big part in my mental health. No physical training, no recreation, I found it hard to get by each day.”

Many prisoners shared that they felt bored, isolated and depressed by these restrictions, suggesting that having nothing to do and less interaction made the impact of confinement even harder to endure. Impacts on the mental health of prisoners will be expanded on later in this case study.

Many respondents also expressed that education programmes in prisons were largely shut down, leaving many without access to learning opportunities. Armstrong et al.'s study noted that this loss was particularly challenging as

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<sup>18</sup> Armstrong, *Left out and Locked Down*, 57, 59; Sarah Armstrong, “Things are the same: Complicating OK narratives of prisoners during lockdown,” *Scotland in Lockdown*, December 3, 2020; Armstrong, *Prisoner Experiences of COVID-19*, 4, 13; Maycock, “Dramatic Change to Prison Life,” 219, 224-5; Maycock, “Impacts of COVID-19,” 7-9, 11.

education often provides a sense of purpose in prison.<sup>19</sup> As one respondent described:

"We were in a prison which has a work-based and education-led culture in the form of well-functioning regime. This has completely come to a standstill, education classes and attendance are almost non-existent, work sheds are closed on most days and the SPS blames it all on shortage of staff."

Work programmes were another critical part of prisoners' routines that changed during the pandemic in Scotland. While key work, such as cleaning and food preparation continued, all other work came to a halt.

Prisoners shared that some prisons attempted to improve prisoner wellbeing in the absence of activities by increasing "rations", wages and providing mobile phones with credit so they could maintain contact with people outside. However, some respondents made it clear that these measures were not enough to offset the increased mental health challenges that many prisoners faced. Respondents shared that the programme closures left them feeling isolated and unproductive, further adding to the challenges of confinement. One prisoner explained, "education was stopped, [and] restrictions were hard to cope with." Another shared, "It was hard for prisoners, we were just locked up with nothing to do," indicating that work, exercise and education programmes are considered by prisoners to play an essential role in maintaining their wellbeing.

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<sup>19</sup> Armstrong, *Left out and Locked Down*, 57.

### 3.2.3 Challenges with personal hygiene and cleanliness

Previous studies indicate that limited access to proper personal hygiene was a significant concern for prisoners during the pandemic.<sup>20</sup> Prisoners also expressed that showers became a limited privilege, with time out of cells described as “sparse, even for a shower”. Many prisoners reported being allowed to shower only every two to three days, while some said they were permitted just once a week. In addition to infrequent access, respondents explained that there were challenges with hot water in some prisons, making hygiene more difficult to maintain. As one respondent stated:

“Getting a shower every 2 days wasn't enough. I thank the staff because it was better than nothing but really you need a shower at least every day as you sweat a lot so was having to change my bed every day.”

Several prisoners also emphasised the need for more regular opportunities to clean themselves and their cells in addition to showering, as the conditions left the environment feeling “overrun with dirty prisoners”. They noted that “although staff did everything they could”, hygiene measures were not sufficient.

Overall, prisoners felt that a lack of clarity, combined with infrequent access to hygiene facilities, added to the frustration and discomfort of an already difficult situation. As one prisoner explained, “showers could have been every day and give time to clean your cell when sick as cleaning all the stuff away could help speed up getting better.” These responses imply that ensuring regular access to basic hygiene facilities was seen as essential for maintaining good health and wellbeing under the restrictive conditions.

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<sup>20</sup> Armstrong, *Left out and Locked Down*, 57, 59; Armstrong, “Things are the same,” 57.

### 3.2.4 Decline in food quality and meal conditions

Many respondents described a decline in food quality and meal conditions during the pandemic, expressing concerns about what they felt was a drop in overall standards. Several prisoners noted that the unpredictability of the meals made it even more difficult to maintain a sense of normalcy during the lockdown period. As one respondent described, "lockdown and meal conditions were sporadic and ill managed. Staff seemed to be operating on a 'try it and see' system." Others reported that the food was often cold, stale, and served late, which left them feeling unsatisfied and demoralised. As one person stated:

"From the start of the ten-day lockdown that's when everything changed, the quality of the food, being undercooked and most the time left to go cold before being served in white containers damp with condensation."

During times of isolation, some prisoners reported that they were also required to eat meals in their cells. This lack of communal dining, they reported, not only made meals feel even more isolated but also had a negative impact on their mental and physical health. One respondent described that, "both myself and rest of hall lost easy 1 stone each over the 10 days as no access to cooking facilities and jail food was undercooked and cold." Another shared:

"No matter the outcome the 3 pantry men should have been out to serve food hot as at a time like lockdown, food was a priority to keep you energised and healthy. But like I've said, standard of health was never a priority."

Respondents reported that the poor quality of the food, combined with isolating conditions, left prisoners feeling ignored and disregarded, especially when meals were one of the few things that they had left to enjoy during the height of lockdown restrictions. These experiences indicate that prisoners felt that ensuring adequate portions, nutritional value and proper meal preparation could help support their physical and mental wellbeing.

### 3.2.5 Lack of family contact

Being unable to see or contact family was expressed as a significant cause of mental distress for many respondents and, in some cases, family members too. When in-person visits were stopped during lockdown in Scotland, respondents reported “lengthy delays” to when the SPS provided alternative communication sources. These sources included approved mobile phones and iPads, so that prisoners could have family contact.

Many respondents reported negative mental health impacts because of having no contact with their families. One respondent spoke of the metaphorical distance between them and their family as a result of the ceasing of in-person visits:

“The distance between me and my family became so vast it still feels like there is a great distance between us. Which just adds anxiety on top of an already anxious way of life.”

Another response explained that the lack of family contact compounded their punishment, stating: “I didn't see my family for months and that was extra

punishment and stress added.” Similarly, the University of Glasgow’s study, ‘Prisoner experiences of COVID-19 restrictions in Scotland during 2020’ noted that many participants indicated significant stress due to loss of family contact.<sup>21</sup>

It was noted that having no family contact during periods of the pandemic had lasting consequences, with one respondent explaining:

“Through 'COVID' I was incarcerated in [the prison]. During this time both my physical and mental health were destroyed, contact with family ended, destroying the ties I had to the real world. To this day I still feel disconnected and alone.”

Use of, and access to, communication devices also affected the ability of prisoners to communicate with family and loved ones. The SPS gave out devices to prisoners, but prisoners expressed that this was only after a significant period of lockdown had passed. In the ‘Criminal Justice-Involved’ chapter of the *‘Left Out and Locked Down’* study by the University of Glasgow, it was found that although rollout of mobile phones for prisoners in Scotland was announced for May 2020, this was “significantly delayed” leading to frustration for prisoners.<sup>22</sup> Prisoners noted that having the devices made a profound difference to their experience, emphasising the need for access to loved ones.

Similarly, an SPS study noted that the majority of their participants indicated that the introduction of “mobile phones had improved contact with the family and friends” and many in the study also felt that the phones helped “reduce feelings of isolation, anxiety and depression”.<sup>23</sup>

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<sup>21</sup> Armstrong, *Prisoner Experiences of COVID-19*, 12.

<sup>22</sup> Armstrong, *Left out and Locked Down*, 64.

<sup>23</sup> Dickson, *Mobile Phones and Virtual Visits*, 9.

The SPS response was praised by one respondent, who noted “They [the SPS] responded positively by [...] distributing mobile phones and providing telephone credit.” However, another respondent expressed frustration at the length of time it took for mobile phones to be issued, as well as noting the effect the non-contact had on their mental health: “[I] couldn't contact family until mobiles were eventually given, this caused depression and anxiety not knowing if they were okay.” Another respondent stated:

“My family couldn't visit so it made my mental health go downhill rapidly. I am now on medication for anxiety and depression because of all the experiences I had.”

Many respondents detailed the impact of pandemic restrictions on their families, as well as themselves. One person stated, “Not being able to see my wife and kids for over a year messed up my mental health and the mental health of my wife and kids”, noting the mental toll on their loved ones. One respondent also identified the possible knock-on effect of prisoners' mental health issues transferring to their families:

“The psychological impact on prisoners will be something which could manifest itself in behaviour in [the] prisoner and on release in the community. Families of prisoners also suffer when prisoners suffer, and this is something policy makers need to be aware of.”

In this instance the prisoner has highlighted the wide-ranging effects of their intensified isolation, notably on the wider community, with a reminder to policy makers that mental health problems within the prison population does not stop

and start at the prison gate. Rather, the above respondent noted, the effects spill out beyond the prison walls and can have a ripple effect on others.

### **3.3 Barriers to healthcare**

Many prisoners shared their experiences of the significant barriers to healthcare services during the pandemic. These challenges can be grouped into four main categories:

- access to routine medical care;
- poor mental health support;
- delays in accessing COVID-19 tests; and,
- issues getting COVID-19 vaccinations.

Respondents shared that the quality of healthcare delivery deteriorated as prisoners struggled to secure appointments, faced inconsistent testing protocols, and experienced slow vaccine rollout. They reported that these issues were compounded by strict pandemic restrictions in Scotland, which increased mental health needs, meaning that support services remained largely inaccessible and unable to effectively address the increase in poor mental health.

#### **3.3.1 Access to healthcare**

In Scottish prisons, healthcare is managed in partnership between the SPS and the NHS. This collaboration is intended to ensure prisoners receive efficient



medical care. NHS professionals provide treatment and support within the prison setting, while the SPS oversees the administration and logistics of healthcare services. Many respondents highlighted that this partnership faced many challenges during the pandemic, reporting that this impacted both access to, and the quality of, healthcare. Some respondents also noted other healthcare access issues, including a perceived unfairness in receiving vaccinations and the poor access they had to mental healthcare treatments.

Eleven of the respondents expressed concerns about how well the partnership between the NHS and SPS was functioning. As one person explained:

“The Scottish Prison Service (SPS) likes to wash its hands of any duty of care or responsibility when it comes to health-related matters, pointing out that NHS is responsible for this provision.”

This perceived division of duty left individuals stressing the importance of shared responsibility and clearer communication between the SPS and NHS to ensure better healthcare delivery. As one individual explained:

“[The prison] and healthcare do not communicate leading to major health risks. I have never seen any other HMP where healthcare and prison staff fail on communication and duty of care.”

Some respondents praised the hard work and dedication of NHS staff in tackling the challenges of the pandemic, noting that they were “looked after first class with medic staff.” Others criticised the significant delays in accessing healthcare. Some described it as “blatant dysfunction” and a “farce”. One prisoner stated that seeing a doctor was “almost non-existent”, sharing that despite numerous

requests for an appointment to address a hearing impairment caused by COVID-19, they never received one. Others highlighted excessively long waiting times, often lasting months, to see specialists or receive necessary treatment.

The delays in accessing healthcare were made worse by the perception that healthcare providers were indifferent to the needs of prisoners, with respondents calling for greater care and empathy. One person noted, “the NHS should care more and do more,” while another emphasised the need for “a bit of compassion from nurses.” Several felt that healthcare management needed significant improvement to address these issues effectively.

### 3.3.2 Access to testing

Many prisoners identified access to COVID-19 tests as another critical issue, with respondents sharing that there were significant delays, limited availability, and poor management. Many respondents attributed the rapid spread of COVID-19 within the prison, and in some cases the development of long COVID, to the inability to access tests in time. They shared that the absence of reliable testing made it difficult to determine who was positive, allowing the virus to spread unchecked. As one prisoner stated, “COVID test kits were for the most part limited and not everyone could test themselves.” Many respondents also noted that test kits often took days to arrive, with one individual stating that it took 10 days to receive a test, by which time it was too late. Another person reported:

“The testing which took place when a prisoner tested positive, and lack of isolation and distancing led to a lot of prisoners contracting COVID-19 and

then either getting seriously ill or continuing to suffer from long COVID symptoms.”

Further concerns were raised by prisoners about the use of tests in Scottish prisons. Several respondents reported that testing was self-administered and not checked by staff, leaving individuals responsible for ensuring they followed proper procedures alone. One person remarked, “they left us to make sure we did our best to stop the spread of COVID-19.” Some prisoners were reportedly told by staff to keep positive test results quiet, and prisoners expressed that this undermined efforts to contain the virus and increased risk to others. As one person stated:

“I am currently in prison and the care I got when I was tested positive for COVID was BAD. On testing positive, I told the hall staff, and they told me to keep it quiet, do not inform of having tested positive, so what was the use I thought. I am now left with COPD and chronic asthma and suffer every day. I feel let down as this would not have happened on the outside.”

Respondents shared that it was only after widespread testing was finally conducted that the numbers of those infected were then revealed. As another respondent explained:

“Eventually they tried to test everyone and staff. It turned out to be 60 staff and 400 prisoners were positive. Two cells to my right and one to my left were positive. I was negative. I think this was due to my own decisions to isolate myself from others and even talking to others.”

Prisoners expressed the view that improving access to COVID-19 tests through prison healthcare could have played a crucial role in the early identification of

the virus, helping to prevent its spread. Respondents indicated that quicker access to testing might have allowed for more effective isolation measures, reducing the overall impact of the virus within the prison.

### 3.3.3 Vaccine access

Vaccine inequality for prisoners was also highlighted as a healthcare access issue, with numerous respondents expressing frustration at the rollout of vaccines to prisoners. As one prisoner noted, “vaccination for prisoners was lax. [Prisoners were] treated like fourth class citizen[s].” Several other respondents noted that staff were prioritised to receive vaccinations first, emphasising the inequality of having to wait so long to get the vaccine. One respondent noted: “the vaccine rollout was troublesome, as staff for some reason being vaccinated [first].”

Other respondents observed the consequences of not having the vaccine, sharing that there were outbreaks of COVID-19 spreading fast due to crowded prison conditions. One respondent reported: “We faced a delay in receiving COVID vaccinations when they were first introduced, leading to no protection when we had an outbreak in our landing.” Another prisoner stressed that there were not enough vaccines available for all prisoners to receive one, noting “there was simply not enough to deal with [the prison] population.” The lack of sufficient numbers of vaccines for all prisoners was also identified by another respondent. They noted how it appeared that the available vaccines were prioritised to prisoners based on their age and health status, explaining: “Vaccines were based on age/health status even though all of us in this

environment should all be top priority as we have a wing of 70. Some of those share cells.”

A respondent noted that some fellow prisoners had expressed their concern to prison authorities. They recounted:

“Some prisoners even complained to NHS [local authority] and Public Health Scotland to bring this to their attention. Since then, we have received vaccinations (Flu and COVID) annually on time.”

In this instance it appeared to be the initial rollout that had challenges, with subsequent vaccine timetables being followed by prison and health authorities.

### **3.3.4 Poor mental health support and services**

The majority of respondents highlighted the significant impacts on mental health experienced in prisons during the pandemic. They shared that these impacts were compounded by a lack of access to sufficient mental health support and services. Prisoners noted that increased mental health issues, combined with physical healthcare issues suffered by those who had contracted COVID-19, together put much greater stress on the prison healthcare system.

Many prisoners expressed that there was no treatment or help available in prison for their mental health issues, which had deteriorated due to the day-to-day reality of living in restrictions brought about during the pandemic in Scotland. One person noted that there was:

"Nothing for depression or anxiety during or after [COVID], now [no] mental health help [because] the 17 months has felt like solitary confinement. My mental health has been an ongoing problem as I can't handle conversations, and my communication skills have a lot to be desired."

Another respondent indicated they "never received help or support for mental health during COVID which was a big thing" while another respondent noted that "mental health was through the roof and [there was] no support inside prison."

Several respondents reported that the amount and level of care available was insufficient, even when available. As one person recalled: "No mental health nurses were on the hall when everyone's mental health was adversely affected by the lock up." Another respondent similarly shared: "A lot of mental health problems arose through the prison lockdown without much healthcare available for prisoners." This situation prompted one respondent to ask for more help with mental health treatment: "There should be more mental health help for guys locked up." Staff may also need help with mental health issues, as noted by one prisoner: "More help with mental health follow up two years after [COVID-19 started] and now [more help is needed] for prisoners and staff."

Respondents identified long wait times for treatment as another factor in the provision of mental healthcare in prisons during the pandemic. One prisoner described there being "a year waiting time to speak to a mental health nurse." Another person noted that poor outcomes were often the result of long waiting times for treatment:

“... seeing a doctor was bad. You had to wait months and that was dangerous to our mental health as people who needed help ended up using drugs or self-harming.”

Respondents reported barriers to accessing healthcare and felt there was a lack of preparedness for the demands put on the existing healthcare provisions for prisoners. Increased physical healthcare demands, due to the virus itself, were exacerbated by the increased demand for mental healthcare support and services. Respondents are seeking efforts to address and help treat the scale of mental health issues facing prisoners of Scottish prisons.

### **3.4 Mental health**

There were several key factors related to prison lockdowns during the pandemic, which proved detrimental to the mental health of prisoners, as some respondents noted. These included: lack of family contact, isolation, cancellation of activities and usual routines, as well as a lack of information about the virus reaching prisoners. Respondents noted that these significant disruptions led, in many cases, to severe behavioural and other mental health issues for prisoners. These issues included: a general deterioration in mental health (including increased depression and anxiety), increased substance abuse, an increase in self-harm and suicide (including suicidal thoughts, suicide attempts and witnessing others completing suicide). In turn, as discussed in the previous section, the increase in mental health issues led to increased demands on an already pressured and overburdened prison healthcare system.

### **3.4.1 Mental health - negative consequences and behavioural outcomes**

The reported lack of family contact, isolation, absence of information and disruption to activities and usual routines have been identified by respondents as the main drivers of poor mental health during lockdown. This section details the consequences of those drivers. Respondents also reported several behavioural consequences, either experienced by respondents themselves, or observed in others. These included a general increase in depression, anxiety and an overall rise in poor mental health, an increase in illicit substance use, an increase in self-harming behaviour, and behavioural themes around suicide.

### **3.4.2 Expressions of anxiety, depression and general negative mental health outcomes**

Respondents described in detail the effects of being in prison during the pandemic. Most specifically, respondents pointed to their own struggles with mental health during the prison lockdowns (for additional details of lockdown conditions and events, see Section 3.2 that highlights the compounded impacts on prisoners).

One respondent simply stated: "My mental health got bad and my mood changed." Several prisoners referenced lockdown-induced depression and anxiety. As one person recalled: "I felt depressed, lonely, alone", while another stated: "During the pandemic my mental health suffered badly, and my depression became much worse."



Increased anxiety was reported to be another common occurrence, with a respondent revealing: "The impact to my mental health was quite significant. I ended up with severe depression and an increase in my anxiety levels."

Feeling unsafe was a pointed concern for another person who noted: "During lockdown at [the prison] it was relentless [...] a brutal experience like no other, pretty alien land, no-one felt safe."

Other respondents observed mental health deterioration in others, with one prisoner observing: "Lots of prisoners suffered serious mental health issues due to lockdown", with another noting "many prisoners developed fears and depression." The new reality of how the strict lockdown conditions affected the mental health of prisoners was noted by prisoners, with one respondent stating, "COVID and its related lockdowns and changes in prison conditions meant that many prisoners struggled with their mental health." These general thoughts and feelings from respondents were also found to be the case with a report conducted by the SPS, where participants described frustration with the restrictions as boredom, anger, and general poor mental health were all reported by participants.<sup>24</sup>

### **3.4.3 Increase in drugs/substance use**

Respondents also observed an increase in illicit drug use by other prisoners. This substance use was strongly linked to coping with the new restrictions brought about by COVID-19 guidelines. This was noted by one respondent, who observed: "Drugs use soared as a means of coping." Fellow prisoners coping

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<sup>24</sup> Dickson, *Impacts of COVID-19 on Custody*, 8.

through drug use was also observed by another person: "Even though I do not use drugs, many people around me increasingly turned to drugs to cope, which again brings more problems than solutions in prison."

Boredom was reported as a factor in the increase of substance abuse by one prisoner, "In prison the lockdown had a lot of people misbehaving and trying drugs [...] out of boredom." The Scottish Centre for Crime and Justice Research in 2022 similarly noted that coping with isolation, lock-ups and boredom was also identified as directly contributing to increased demand for drugs by prisoners.<sup>25</sup>

One respondent reported that since many activities were cancelled, having nothing to do was a big factor in increased substance abuse, and sometimes had deadly consequences:

"The drug misuse went up 100% during lockdown as there was nothing to do and depression set in. I know people that didn't touch drugs go on to be hard on it and some even die through this."

Another prisoner suggested that the abuse of illicit substances was a factor in the deaths of several fellow prisoners: "I was a prisoner in [prison name] [and witnessed] drug use to the point 6 people died."

Substance use was detailed by another respondent as being a refuge for prisoners affected by the changes to their routine:

"COVID and its related lockdowns and changes in prison conditions meant that many prisoners struggled with their mental health, and some got

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<sup>25</sup> Toomey, *Mapping Drug Use*, 3.

drawn into drug use and illegal psychoactive substances misuse. This has resulted in a substance abuse culture which still prevails here. On any given day you will have dozens of prisoners locked up and under observation for drug usage.”

The Scottish Centre for Crime and Justice Research also noted lack of activities or routine from “frequent lockup” and “limited regimes” led to new and increased demand for drugs by prisoners due to boredom and isolation.<sup>26</sup> Similarly, respondents detailed that during the pandemic lockdowns, the lack of activities and routines, which can help keep them in a positive mindset as well as keeping prisoners connected to others, led to increased substance use by prisoners as a way to cope with the situation.

#### 3.4.4 Self-harm

A trend observed in the responses shared with Let's Be Heard was an increase in self-harming behaviour. This trend was identified by prisoners as another factor directly related to lockdown restrictions on prison life. Some respondents detailed their own experiences on this theme, while others observed it in fellow prisoners.

One prisoner generalised this behaviour, noting “self-harm increased” and another described that: “Some self-harmed, some withdrew into their shells.” Another respondent admitted: “[My] mental health was going through the roof and a lot of self-harm thoughts were coming into my head.” Another prisoner also recalled, “I was a prisoner [...] and on my flat I seen people self-harming.”

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<sup>26</sup> Toomey, *Mapping Drug Use*, 19.

### 3.4.5 Suicide

Suicide attempts and ideation were the most serious and consequential behaviours from the responses linked to the decline in mental health of the Scottish prison population during the pandemic. Some respondents reported seeing others attempt suicide. One person recounted how some fellow prisoners resorted to extreme measures by attempting to take their own lives, giving a graphic description of suicide attempts they had witnessed. Another prisoner recounted that they witnessed people attempting to take their own lives, stating that "it became so bad I witnessed two inmates attempt suicide."

Mental health challenges, exacerbated by pandemic events became so bad for one prisoner that they recalled an attempt to take their own life:

"I ended up with very bad mental health problems and now diagnosed with PTSD and EUPD (emotionally unstable personality disorder). I even tried to kill myself because there was no support and I couldn't handle it anymore."

Others recalled how prison conditions had deteriorated to the point where they had thoughts of suicide, with one person recalling: "[My] suicidal thoughts were daily, thoughts of just giving up also daily."

These accounts by respondents, as well as their observations of fellow prisoners, reflect the regularity with which suicide was discussed in the responses.

Responses also detailed how mental health issues rose at an alarming rate due to pandemic lockdown conditions in prisons. When combining this perceived commonness of suicide with the previously mentioned mental health issues and

behaviours as shared by respondents such as depression and anxiety, and behaviours such as self-harming or illicit drug use, then much more pressure is put on prison healthcare services.

## 4. Prisoner Insights and Lessons

Prisoners were given the opportunity to share their insights with Let's Be Heard, highlighting the lessons they believe can be drawn from their experiences. One of the core questions on the Let's Be Heard response form asked respondents what lessons they think should be learned from their pandemic experiences. This section outlines these lessons as conveyed by respondents.

Respondents provided many suggestions as to how prisons in Scotland can be better prepared to respond to future pandemics. The actions they proposed can be divided into preventative measures to reduce risks and the responsive actions to manage the effects of a pandemic. Key insights and lessons included:

### **Preventative measures**

- having clear, practical plans in place for each prison facility to respond quickly, including recovery processes to return to pre-pandemic routines;
- training staff in outbreak management, with a focus on infection control procedures and compliance, as well as compassion for prisoners' needs during an especially challenging time;
- creating protocols for regularly testing prison staff as well as for prisoners or staff transferring between facilities, including hospitals, to reduce the risk of infection; and,
- improving access to testing kits for prisoners.

## Responsive actions

- sustaining clear communication between authorities and prisoners about ongoing events and information about the virus and vaccine;
- providing sufficient PPE, cleaning materials, and regular access to hygiene facilities for both prisoners and staff;
- maintaining progression and release programmes without delays;
- continuing work, education and exercise programmes that adhere to safety measures or continued in virtual form;
- having alternatives to isolation lockdowns for prisoners;
- maintaining the quality and timing of food provided to prisoners;
- ensuring timely medical treatment and support for prisoners with health concerns; and,
- investing in consistent and accessible mental health support for all prisoners.

It is important to note again that the views provided in this section are those of the prisoners who participated in Let's Be Heard, and do not represent, nor anticipate, the conclusions of the Inquiry.

## 4.1 Preventative measures

### 4.1.1 Pandemic preparedness

Prisoners expressed that the Scottish Government and prison authorities were not adequately prepared for the pandemic and its consequences. Many respondents emphasised that it was essential to learn from how things were handled in the past, to create clear, organised plans that properly address

prison-specific needs. These plans need to include strategies for helping the facility return to regular operations as efficiently as possible.

Examples of lessons shared by prisoners include:

- “There should have already been a pandemic plan in place. This should be updated.”
- “The lesson here would be to have a crisis plan in place in case of a similar incident, a plan that prisoners would be aware of.”
- “Better operational planning and decisions need to be made to not only deal with what happened but what could happen in the future.”
- “I understand that it was an unforeseen situation, but we can use this to create a future crisis plan.”
- “The SPS/government need to look at places like prisons and set up plans for infectious viruses in the future instead of doing nothing.”
- “The SPS recovery should have took effect this would have lifted morale and hope.”
- “Be better prepared with the right PPE.”
- “A valuable lesson was learned we need to take action now, so we are better prepared for any other unknown crisis.”
- “For the government and prison authorities to implement release plans if any pandemic ever arose again, under control or tag measures allowing people to actually breathe.”



### 4.1.2 Staff training

Many prisoners reported experiencing the effects of a lack of staff training, as staff did not know how to handle a pandemic. As a result, a few respondents highlighted the need for more staff training focused on containing the spread of infection and hygiene protocols. Equally important to respondents is equipping all staff who interact with prisoners with the skills to demonstrate compassion and care.

Examples of lessons shared by prisoners include:

- “Educate and train staff at [prison name] on how to manage virus outbreaks.”
- “More staff trained.”
- “A bit of compassion from at least the nurses.”

### 4.1.3 Testing protocols

Many respondents consistently highlighted that COVID-19 testing was too slow and limited within the prison. They stressed that knowing infection numbers among prisoners and staff might have helped reduce the spread of COVID-19. Some prisoners called for better testing protocols, including faster and easier access to COVID-19 testing kits.

Examples of lessons shared by prisoners in this theme include:

- “Improving access to testing kits for prisoners.”
- “Testing should always be easy to do so more test kits.”

- "There was little provision for any self-testing early in the pandemic."
- "It should be made mandatory for everyone to be tested and wear PPE."
- "Access to testing kits."
- "Get better covid tests."
- "Do the testing quicker."
- "Regular lists for everyone and lock up only those with covid."
- "Improving access to testing kits for prisoners."
- "Health management could have been better regular testing should have been undertaken which it was not."

## 4.2 Responsive actions

### 4.2.1 Infection control and hygiene

Several prisoners reported challenges in accessing PPE, along with basic necessities such as showers, which they felt were essential for comfort and infection control. They thought there should be more cleaning materials, improved access to personal hygiene supplies, and better availability of PPE to support infection control efforts, especially for prisoners who work on essential tasks within the facility.

Examples of lessons shared by prisoners in this theme include:

- "Better access to cleaning materials to maintain hygiene standards."
- "Give us the PPE stuff."
- "Proper PPE for all key workers."

## 4.2.2 Communication

During the pandemic, prisoners reported that the communication of COVID-19 related information specific to the prison population, such as infection rates, was limited to what staff provided. They noted that other information was largely provided to prisoners by their families. Prisoners broadly emphasised that communication breakdowns between prison authorities and prisoners was a common source of anxiety. Many respondents expressed a strong need for more information about what was happening in the facility, including infection rates, as well as details about the virus and the vaccine.

Examples of lessons shared by prisoners in this theme include:

- “Well for one we should have been notified sooner of the outbreak so that everyone could have been better prepared for COVID outbreak.”
- “Not being able to access info about COVID, vaccines and anything else.”
- “The government giving more information to SPS.”
- “There should be a better way of communication from level to level - Government - SPS headquarters - prison management - prison staff - prisoners.”
- “Better information for prisoners.”

## 4.2.3 Routines and isolation

Forty-seven out of 74 of respondents (63.5%) found that their mental health was impacted by isolation, which they reported was a result of the measures to minimise the spread of COVID-19 in prisons. Other measures, such as the

suspension or reduction of work, education and recreational activities, further contributed to these challenges. Several respondents recommended finding alternatives to isolation because of its negative impacts on mental health. Others emphasised the importance of access to phones, ensuring food quality, and maintaining routines to mitigate these effects.

Examples of lessons shared by prisoners in this theme include:

- “More technological solutions should be used rather than relying on old traditional methods especially by the SPS [...] The psychological impact on prisoners will be something which could manifest itself in behaviour in prisoner and on release in the community.”
- “Not to lock down places completely.”
- “If we went into total lockdown again, things should be totally different, and prisoners should not feel like they’re totally alone.”
- “To allow us out to use the phone as needed.”
- “To have or allow prisoners to sit in each other’s cell so it helps with depression and negative thoughts.”
- “Look at alternatives to isolated lockdowns e.g. have social distanced community mental health sessions.”
- “More of a constant routine.”
- “Give us at least an extra carton of milk. We were locked up 24 hours a day and we got a quarter pint of milk all day they didn't care about us.”
- “Not to isolate people and let their mental health suffer so bad.”
- “I think that they could have dealt with it better for everyone’s mental health not to get so bad and organised some sort of routine for exercise.”

#### 4.2.4 Justice and progression

Several respondents reported delays and disruptions to justice processes during the pandemic in Scotland. A few commented on the importance of maintaining progression and release programmes to minimise these impacts.

Examples of lessons shared by prisoners in this theme include:

- “Ensure that peoples sentences are not extended through a lack of effort on the subject - i.e. do nothing and let people languish in jail.”
- “Keep the justice system moving and don't delay trials.”
- “For the government and prison authorities to implement release plans if any pandemic ever arose again, under control or tag measures allowing people to actually breathe.”

#### 4.2.5 Healthcare and mental health support

Many respondents reported challenges in accessing healthcare, including mental health services. They recommended increased investment in mental health support for prisoners to address these critical needs.

Examples of lessons shared by prisoners include:

- “To take care of prisoners health.”
- “There should have been more welfare checks also especially with people with underlying health conditions.”
- “There should be more mental health help for guys locked up.”
- “Invest in mental health support.”

- “In the event of another pandemic the appropriate measures should be put in place to help people cope and deal with any possible mental health issues that stem from being unable to see family and friends.”
- “I knew many who died in prison, we should have been offered counselling, this first 'response form' in 2023 is far too late.”

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## ANNEX A: Additional Quotes from Prisoners

The following section contains a selection of additional quotes from prisoners who shared their experiences and perspectives of the pandemic in Scotland in their own words. The views expressed do not represent, nor anticipate, the Inquiry's conclusions or recommendations.

Please note that this appendix does not contain a full dataset, as some responses have been excluded for safeguarding and confidentiality reasons.

### **On pandemic planning and preparation:**

- "Everything should have been done a lot sooner and more thought and care considered."
- "SPS did not take it seriously."
- "Firstly, as a prisoner at [prison name redacted] the pandemic preparation was followed far too late."
- "Due to preparation being so late it led to the full jail lockdown this resulting in no visits, virtually no healthcare, meals being late (2+ hours) and cold/stale."
- "During COVID once one person caught it everyone was locked down for 14 days. That cycle continued for 2 months."
- "It is the folk running the country that need to get it right. They should of acted sooner."
- "With the information at the time, I don't think the government could have done much more."
- "It was far too slow for anything that the government did for us."

- “In 2021, the government still hadn't made it mandatory for everyone to be tested which resulted in me catching COVID from another person after I was tested.”
- “Act promptly to save lives - don't just sit there and wait for it to set root before acting.”
- “Better planning for mental health support.”
- “I'm not sure SPS still has a concrete strategy for any future pandemic or medical isolation and will depend on local management to try to sort something out instead of provided national guidance for prisons.”
- “We did not have time to prepare for lockdown. It just happened and at first it was like a slap in the face, but we had to just get on with it and do our best to get on with our lives.”
- “It seemed the staff were ill-informed. Action plans need to be drawn up not for just COVID but anything and everything that can happen.”
- “[Prison name redacted] pandemic prep too late.”
- “Once COVID was positive in our wing it spread so fast that staff were overwhelmed, and no support or training was issued to them which led to us left with no information on what happens next.”
- “Ultimately, a prison, or prison service should already be prepared for emergency risk, including pandemics, epidemics and other possible outbreaks. What I have come to learn is that not just establishments and individuals but also direction from government lacked and true directions or leadership.”
- “The government need to be better prepared in future and take everything serious.”

- "There was also a lack of PPE being used and there was no preparation put in place for a pandemic."
- "Plans need to be drawn up not for just COVID but anything and everything which might happen."
- "I don't think anything could have prepared me and others for what was about to happen."
- "Employ more specialists to deal with future pandemics."
- "A government should be prepared for any emergency outbreaks and necessary PPE should be kept in stock for such emergencies."
- "The SPS acted according to government regulations to keep it "safe from sue-ing" and to be seen to "act appropriately"."
- "The prison did not deal with the pandemic very good."
- "In prison it was a complete nightmare as staff and prisoners never knew when we were coming or going."
- "In a controlled environment protocols were adhered to - even having COVID - isolated with others in same position we supported one another."
- "I believe that from the top down no one had a grip on what was happening or the real danger associated with this virus."
- "I am in a prison, so everything just stopped for the best part of 4 years."
- "It was left to us to make sure that we done our best to stop the spread of COVID-19."
- "To be more thorough in your going forward and pray this doesn't reoccur as the prison service did not have a clue."
- "At the start no one knew how to manage COVID so in all fairness the S.P.S did a good job."

- "Authorities should have a long look at how they have let people like myself down after all we were all in the same boat and they didn't care enough."
- "The SPS and NHS government did their best they could as no one had experienced this a lot of people are still alive. There are good and bad in every new pandemic."
- "In my situation as an inmate of an SPS run prison things were quite haphazard."
- "The government should be made accountable for gross mistakes they imposed."
- "In my opinion, the Scottish Government also did a good job."
- "I think the government hesitated to take action and this has a knock-on effect across the country."
- "Lack of clear direction was evident from Scottish Government; they just followed UK Government."
- "In 2021, the government still hadn't made it mandatory for everyone to be tested which resulted in me getting COVID from another person after I tested."
- "Inadequate procedures and lengthy delays in bringing in methods of family contact. Vaccination for prisoners was lax. Treated like a fourth-class citizen."
- "Outbreak management was a joke as staff were coming to work even though had positive results which led to more and more infection rates."
- "Staff looked tired you saw a lot of staff overtime, and some told me they had problems at home."
- "Rightful loss of trust in the Scottish Government."

**On communication between prisoners and authorities:**

- "Being in prison during the pandemic was hell. No communication from the SPS or health services."
- "Government should provide more info."
- "When I just heard about COVID-19, I was in prison in 2019 only hearing about it from a form and then on the news 24/7 really made me anxious constantly witnessing the COVID figures and death tolls rising rapidly without knowing much information about what COVID really was."
- "Prison was totally crazy during pandemic. Between staff and prisoners, we didn't know what was going on."
- "There should be a better way of communication from level to level - Government - SPS headquarters - prison management - prison staff - prisoners."
- "During the initial outbreak of COVID there was a lot of misinformation."
- "The first 6 months was mayhem; nobody knew what was happening."
- "The impact in prison was torture as you couldn't see anyone couldn't find out what was happening."
- "There should be better communication NHS, SPS AND prisoners as this is useful to alleviate any anxiety and dispel rumours."
- "It was worrying to know COVID was happening, yet we didn't know what was happening with death rates getting high it caused a lot of stress."
- "The Government should inform the public people as soon as a disease is known in the UK or other countries or anyone bringing a disease in."
- "The government should provide for people more information."

**On staff training and compliance with infection control procedures:**

- "Again, a lot of confusion, staff did not seem to understand how to manage day to day."
- "SPS staff did not inform any prisoner of any staff who had tested positive for COVID whilst on shift."
- "Staff took a cavalier attitude to the use of PPE, some would wear it on occasion, others just wouldn't bother. As staff were the biggest risk to us this was very poor."
- "Staff did their best to keep us safe and updated but it was hard. Staff seemed unsure or unaware of risks and processes."
- "Distancing and PPE rules were frequently flouted by SPS staff who did not take isolation seriously enough."
- "Officers never followed the guidelines in regard of distance."
- "The lack of information about isolation periods, these kept changing – and a lack of tests made it hard to know who was and wasn't positive. People would often lie or hide symptoms."
- "During the period I was in prison, the primary issue was prison staff bringing the virus into the prison estate."
- "Prison was totally crazy during pandemic. Between staff and prisoners, we didn't know what was going on. Although the staff were trying to keep us up to date."
- "There was a lot of confusion for both staff and inmates. COVID testing was hit and miss. As we were all isolated in our cells, testing was self-administered and not often checked by staff."
- "Very little family contact due to staff's inconsistent approach to prisoners."

- "Prison officers having to deal with home life and prison life with no formal help as far as I know."
- "Staff compliance to rules - process for whistle-blowing."

**On protective equipment and cleaning measures:**

- "Being in a small environment like a prison the impact of infection was quite dramatic as you could see its progress within the prison population."
- "Once COVID came into the prison, it spread like wildfire and put so many lives at serious risk. Staff were given suitable PPE. We were given recycled t-shirts turned into masks."
- "Better access to cleaning materials to maintain hygiene."
- "The prison was also slow in giving out protective essentials."
- "Not being able to stay away from prisoners and staff especially when we did not get tested for so long. All we had were face masks and social distancing which was not sufficient."
- "There was also a lack of PPE being used."
- "Be better prepared with the right PPE."
- "The ventilation wasn't going along with government guidelines."
- "No hand wipes for the first lockdown. I had no hot water for 3 weeks during it. The second lockdown was a bit better, we got tested but ended up getting positives mixed up with negatives, and the negatives ended up locked up longer coz let someone to mixes with us who's result wasn't back and though he was negative when he wasn't, it was a joke, no PPE an access to cleaning stuff."

- “No appropriate PPE for prisoners who were key workers and involved in food prep and cleaning out cells which needed appropriate chemicals to ensure the next person wasn't entering an infected cell.”
- “There was also a lack of PPE being used and there was no preparation put in place for a pandemic.”
- “PPE equipment was like gold dust both on the outside and when I ended up in prison.”
- “Not just COVID PPE but for all areas of PPE required roles/jobs etc there has never been appropriate type or availability.”
- “We were issued with basic facemasks, but we were unclear about how and when to use them.”
- “My job was cleaning showers for 44 prisoners all we had were rubber gloves and a mask.”
- “Face masks were compulsory throughout the establishment.”
- “It should be made mandatory for everyone to be tested and wear PPE.”
- “It was a joke no PPE no access to cleaning stuff nothing.”
- “Give us the PPE stuff.”
- “Less movement in hospitals and quicker use of PPE and masks.”

**On disruptions to justice processes and court proceedings:**

- “I was at trial, and it was stopped because I was supposedly in close contact with someone that had COVID when tested. I didn't and never had it once. My trial was then put back three months. The staff in the jail who physically touch the person weren't even off once touching the person and my trial was put off because of it.”



- "It was shocking for people on remand for the time it took for them getting to trial."
- "I was on bail. This was prolonged due to no courts in operation, then a backlog. Felt like I'd served three years in prison due to prolonged anxiety."
- "Keep the justice system moving and don't delay trials."
- "We couldn't leave our area/prison, and yet prisoners were always being there, or coming straight off the street from court, untested, keeping a real fear culture within the prison, this is no way to live."

#### **On prison progression and rehabilitation:**

- "Progression to less secure conditions in preparation for release stopped. Prisoners spent years longer in prison as a result."
- "We were running about like headless chickens, mental health issues and general rehabilitation shelved."
- "Ensure that peoples sentences are not extended through a lack of effort on the subject - i.e. do nothing and let people languish in jail."
- "I am serving a life sentence, my progression was halted as a result of COVID. Instead of 2 years in national top end, I spent 4 years there."

#### **On the easing of restrictions:**

- "From 2019-2023 we are still under COVID restrictions we have not come out of COVID. As we are still being locked up at 4.30m every day."
- "The prison done our best but failed to recover, this left us with trust issues, poor mental health and concern for the future."
- "As of 15th November 2023, [Prison name redacted] is still on 'COVID timetable regime' - the only prison in Scotland to be so, despite former First

Minister Nicola Sturgeon's assurance to Holyrood Parliament to the contrary - indicating false information passed to parliament."

- "To this day the SPS is still running the same COVID routine it's understandable why this happened but for it not returning was bad."
- "The SPS has still not returned to a before COVID regime, which is concerning."
- "Even now we are still living on manageable COVID restrictions, well depending how it suits the people in charge."
- "In prison if we are told routine/restrictions are only temporary, they should be. Instead, we have adult prison closing from 5pm. It's ridiculous."
- "Some people's behaviour deteriorated so much that it has had a massive effect on everyone in here, prisoners, staff, education, rehabilitation, NHS staff, families."

**On the suspension of work, exercise and education programmes:**

- "It was hard for prisoners as we were just locked up and nothing to do i.e. crafts, TV, cell hobbies."
- "Lockdown was 23 hours a day with 1 hour exercise, in cell meals. Once 10 people tested positive, everyone was on the lockdown procedure."
- "I was in prison when I first got COVID, I was kept locked up without a shower, phone call or exercise. In the end all of the hall got locked up 24/7."
- "Was locked away with nothing couldn't leave my cell go to exercise, the gym, socialise with other had to shower myself had my dinners brought to my door basically it had affected my mental health."
- "I could moan about small things i.e. getting out to use the phone and not getting out to the yard but it was a learning curve for us all."

- “They responded positively by increasing rations, distributing mobile phones and providing telephone credit. However often initial efforts were withdrawn or scaled back. Many people struggled, mental health, being locked up.”
- “Nothing happened in the prison except for exercise, all other activities did not happen.”
- “Everything just stopped for the best part of 4 years, any outside activities just stopped, the gyms closed we spent 23 hours a day in a cell with no communication to anyone except for the staff at mealtimes.”
- “Education was stopped, restrictions were hard to cope with. We were given extra wages to work in the laundry.”
- “There was also no exercise for the first four days breaching my human rights.”
- “Shower once a week, no access to imam or Muslim prayers, couldn't contact family until mobiles were eventually given, this caused depression and anxiety not knowing if they were okay. No education or outdoor exercise, every meal was behind our doors no access to microwave to heat food.”
- “The SPS imposed severe restrictions to reduce contact among prisoners including cancelling most out-of-cell activity, visits, exercise and association.”
- “We were running about like headless chickens, mental health issues and general rehabilitation shelved.”
- “We were all locked up. The prisoners who refused the job were only given exercise with prisoners who were positive for COVID. It seemed like a punishment to me for refusing the job.”

**On the challenges with personal hygiene and cleanliness:**

- "Better access to cleaning materials to maintain hygiene standards."
- "We got 1 shower every 3 days."
- "People turned hygiene paranoid."
- "Time out of cell was sparse, even for a shower."
- "Although hygiene measures were in place it was unclear to many what routines were and how to deal with such a pandemic."

**On food quality and meal conditions:**

- "Give us the PPE stuff and give us at least an extra carton of milk. We were locked up 24 hours a day and we got a quarter pint of milk all day they didn't care about us."
- "Due to preparation being so late it led to the full jail lockdown this resulting in no visits, virtually no healthcare, meals being late (2+ hours) and cold/stale."
- "Had to eat every meal behind our doors."
- "Lockdown and meal conditions were sporadic and ill-managed. Staff seemed to be operating on a 'try it and see' system."
- "It effected a lot of prisoner mental health and wellbeing. The only time we seen staff was at mealtimes too."
- "We got our meals cold too."
- "Meals being served late, cold, and stale."

**On access to healthcare:**

- "The NHS staff were overstretched and very busy in the prison providing care and did as good a job as they could."

- "I have nothing but praise for the NHS handling it well and sadness for those care givers who died."
- "I am a prisoner in [prison name redacted], Scotland. The healthcare provisions are at best a hit and miss experience and disorganised most of the times."
- "The testing which took place when a prisoner tested positive, and lack of isolation and distancing led to a lot of prisoners contracting COVID and then either getting seriously ill or continuing to suffer from long COVID symptoms."
- "As it progressed, the impact of infection in the prison was profound but necessary to contain its spread and we were on the whole looked after."
- "The healthcare has been ridiculous and has not improved since, access to doctor is almost non-existent."
- "The NHS seeing a doctor was bad. you had to wait months and that was dangerous to our mental health as people who needed help ended up using drugs or self-harming."
- "The NHS was stretch at other times, but I didn't catch it they gave me test kits I had to test every 2 days."
- "No trust in the health team - they should not be punishing guys at all."
- "I had carers times a day that kept me cheerful as possible but down to prison rules they were limited."
- "Isolation led to triggers in depression and PTSD. Self-medicated with alcohol and a downward spiral ensued. No NHS support, mental health services non-existent."
- "Staffing issues in hospitals meant nurses were working in non-COVID wards then doing overtime in COVID wards or vice-versa."

- “The NHS should doll out the same treatment and policies that they have for treatment in the community in the prison environment too - there should not be blatant disfunction in the levels of treatment offered.”
- “I been in isolation, and I'm struggle with my health but NHS test my health 10 days after isolation. I am very scared to die. No any medication. Nothing. and again 10 days isolation. I am total 20 days isolation, and I don't get I medication even I finish my 20 days isolation.”
- “Health management could have been better regular testing should have been undertaking which it was not. It was left to us to make sure that we done our best to stop the spread of COVID-19.”

#### **On access to testing:**

- “Test kit availability was put to request via healthcare to get one. This could take days. By then it was too late.”
- “[Prison name redacted] and healthcare do not communicate leading to major health risks. I have never seen any other HMP where healthcare and prison staff fail on communication and duty of care.”
- “COVID testing was hit and miss. As we were all isolated in our cells, testing was self-administered and not often checked by staff.”
- “Testing should always be easy to do so more test kits.”
- “Most importantly, as I am a life sentenced prisoner currently at a national top end unit, I am surrounded by people with various health concerns and ages, the testing and protection of individuals was a farce.”
- “Same thing with testing there was never enough to go around which cause a lot of agro in prison and between prisoners cause when we could see family, if you hadn't tested meant no visits.”

- "The NHS was stretch at other times, but I didn't catch it they gave me test kits I had to test every 2 days."
- "There was little provision for any self-testing early in the pandemic."
- "There were no lateral flow tests available."
- "When I catch COVID I've not received any test. After 10 day I received one test. My option if somebody have COVID symptoms. So, test as soon as possible and give some indicate. I could have died. I am lucky my body fight with COVID because I am young man."
- "Lack of information about isolation periods, these kept changing - and a lack of tests made it hard to know who was and wasn't positive. People who often lie or hide symptoms."
- "The second lockdown was a bit better as we got tested but ended up getting the positives mixed up with negatives, and negatives end up locked up longer coz the let someone out to mixes with us who's result wasn't back and though he was negative when he wasn't."
- "It should be made mandatory for everyone to be tested and wear PPE."
- "Regular testing should of been undertaking which it was not."
- "Access to testing kits."
- "At first guys when testing with the ones we use now but they would flush them down the toilet so that no miss out on visit before they stopped at its worst then only 2 halls out of 9 open, so the staff were very busy."
- "COVID test kits were for the most part limited and not everyone could test themselves."
- "Eventually they tried to test everyone and staff it turned out to be 60 staff and 400 prisoners were positive. Two cells to my right and one to my left

were positive I was negative. I think this was due to my own decisions to isolate myself from others and even talking to others.”

- “COVID testing was hit and miss. As we were all isolated in our cells, testing was self-administered and not often checked by staff.”
- “I don't think some of the test worked right.”
- “COVID tests were for the most part limited and not everyone could test themselves.”

### **On mental health:**

- “My freedom as my mental health issues stopped me getting out of jail, when before the pandemic I had no mental health episodes for 12 years.”
- “Strained family relations [and] mental health deterioration due to the isolation.”
- “Personally, it was a physical and mental struggle to live day to day, I tried to hide from everyone and everything.”
- “As a prisoner trying to get to a stage of progressing to an open estate the COVID pandemic became a way for people to excuse lack of effort or mistakes, as whenever something was done incorrectly, or done not at all we were told "Due to the covid pandemic..." which again and a damaging effect on mental and physical wellbeing.”
- “My mental health was severely affected.”
- “My self-esteem at the time was very low & at one point I was depressed.”
- “My routine was obliterated, my mental health was the worst it's ever been. Stress, worry, it was torture.”



- “My granddad died April 2020 and I couldn't go to his funeral. It did not help my mental health. I felt like a caged animal.”
- “No visits and no human contact has had an impact on my mental health and I'm scared about getting out of jail.”
- “Suicidal thoughts were daily, thoughts of just giving up also daily. How anxious you were getting out, after these long periods of isolation to mix with the population again.”
- “The mental health issues I experienced did not help when coupled with the isolation of covid.”
- “When in prison mental health was an issue due to lack of activities we were locked up 23 hours a day during the pandemic.”
- “When I just heard about COVID-19 I was in prison in 2019 only hearing about it from a form and then on the news 24/7 which really made me extremely anxious. Constantly witnessing the COVID figures and death tolls rising rapidly without knowing much information about what COVID really was.”
- “We were running about like headless chickens. Mental health issues & general rehabilitation shelved.”
- “Through 'covid' I was incarcerated in HMP [redacted], during this time both my physical and mental health were destroyed, contact with family ended, destroying the ties I had to the real world. To this day I still feel disconnected and alone. All that those in charge cared about was 'covid', I was locked in a tiny cell for 24 hours a day, exercise, gym or work, it became so bad I witnessed two inmates attempt suicide.”
- “There was little attention paid to mental wellbeing or in-cell activities and many people struggled with being locked up for 23 hours per day.”

- "The prison done our best but failed to recover, this left us with trust issues, poor mental health and concern for the future."
- "The N.H.S: seeing a doctor was bad. You had to wait months and that was dangerous to our mental health as people who needed help ended up using drugs or self-harming."
- "There was nothing but stress and boredom in prison. Quick shot of the phone to family for 5 minutes no visits. It has impacted my mental health but no one cares because we are prisoners."
- "The impact in prison was torture as you couldn't see anyone couldn't find out what was happening."
- "The effects of being locked up while a prisoner was challenging. This affected mental health, our whole routine was turned around."
- "During the pandemic it became harder to remain in contact with family and friends which had a severe impact on my mental health."
- "Being locked up for 23.5 a day was torture and wasn't good for mental health."
- "Being locked in a room for 24 hours alone for a period of many months was totally soul destroying."
- "Had to wait for the next day before you could phone home. Then we got the phones in the cells which made a difference but it was more mentally than physically."
- "It effected a lot of prisoner mental health and wellbeing. The only time we seen staff was at mealtimes too. We got our meals cold too."
- "In a way like the way children's mental health has been affected outside is the way it has adversely affected prisoners as the majority I have encountered are not very mature."

- "Lots of anxiety by being alone all the time, with being in prison with no control or real way to find out if family members were doing ok. A lot of mental health problems arose through the prison lockdown without much healthcare available for prisoners."
- "I was very worried that I might have it so bad so as not to recover from COVID. So many people didn't make it I feel for them and the ones they left behind."
- "I was locked away with nothing couldn't leave my cell go to exercise, the gym, socialise with other had to shower myself had my dinners brought to my door basically it had affected my mental health."
- "I stay 24 hours in cell and I am lonely. Maybe I could see my family anymore just my in cell. Just worry about everything."
- "I never received help or support for mental health during covid which was a big thing prisoners are still humans. We still have human rights."
- "I know peoples perception of prisons is that is how it should be but, that is a draconian mindset, the lockdown just made peoples mental health worse and set a lot of people back."

## ANNEX B: Help and Support

If you have been affected by the COVID-19 pandemic, there may be organisations which can provide support, including the organisations listed below. All of these organisations are independent of the Scottish COVID-19 Inquiry.

### **Breathing Space**

**Link:** [www.breathingspace.scot](http://www.breathingspace.scot)

Contact Breathing Space when you're feeling low. They are a free, confidential, phone and webchat service for anyone in Scotland over the age of 16 experiencing low mood, depression or anxiety. Call 0800 83 85 87 for support. Visit their website for opening hours.

### **Chest Heart & Stroke Scotland**

**Link:** [www.chss.org.uk/coronavirus/coronavirus-information-and-support/long-covid/](http://www.chss.org.uk/coronavirus/coronavirus-information-and-support/long-covid/)

If you, or someone you know, is living with long covid, Chest Heart & Stroke Scotland is here to help. Call the CHS Scotland long covid advice line on 0808 801 0899 for advice about how to manage your condition, and information about the services and support available – including their long covid peer support group.

### **Childline**

**Link:** [www.childline.org.uk](http://www.childline.org.uk)

Childline is a free, confidential, 24-hour helpline for children and young people

up to the age of 19. Childline can be contacted about any concern – online or by calling 0800 1111.

### **Citizen's Advice Scotland**

**Link:** [www.cas.org.uk](http://www.cas.org.uk)

Scotland's Citizens Advice Network is an essential community service that empowers people in every corner of Scotland through local bureaux and national services by providing free, confidential, and impartial advice and information. People can get advice in local bureaux, through online advice pages or interactive self-help tools. Go to [www.cas.org.uk](http://www.cas.org.uk) to find out more.

### **Cruse Scotland**

**Link:** [www.crusescotland.org.uk](http://www.crusescotland.org.uk)

Cruse Scotland offers support to people who are bereaved throughout Scotland. Services include information and advice; immediate support via the helpline on 0808 802 6161 and webchat services on their website; one-to-one listening support and counselling; support groups; specialist support for children and young people; and training and group support for workplaces and organisations.

### **Marie Curie Scotland**

**Link:** [www.mariecurie.org.uk/help/support](http://www.mariecurie.org.uk/help/support)

Marie Curie is Scotland's leading end of life charity, with frontline nursing and hospice care across Scotland. For help with practical information and support on any aspect of life with a terminal illness, dying and bereavement, contact

Marie Curie on 0800 090 2309. This includes bereavement support.

**Money Advice Scotland:**

**Link:** [www.moneyadvicescotland.org.uk/help-for-people-with-money-worries](http://www.moneyadvicescotland.org.uk/help-for-people-with-money-worries)

Money Advice Scotland is Scotland's money charity. It exists to help people in debt, support money advisers and influence policy. Visit their website for more information or email [info@moneyadvicescotland.org.uk](mailto:info@moneyadvicescotland.org.uk).

**Samaritans Scotland**

**Link:** [www.samaritans.org/scotland](http://www.samaritans.org/scotland)

Samaritans is here, day or night, for anyone who is struggling to cope or who needs someone to listen without judgement or pressure. Samaritans is available 24 hours a day, 365 days a year. Call 116 123 for free or email [jo@samaritans.org](mailto:jo@samaritans.org).

**Scottish Association for Mental Health**

**Link:** [www.samh.org.uk](http://www.samh.org.uk)

SAMH (Scottish Association for Mental Health) is Scotland's national mental health charity. For more information on mental health, you can use the SAMH information service to find helpful information on general mental health problems at [samh.org.uk/info](http://samh.org.uk/info). For support, call 0344 800 0550 (Monday to Friday 9am to 6pm) or email [info@samh.org.uk](mailto:info@samh.org.uk).