

Editorial for the 2026 second edition of the *International Journal of Prison Health*

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For the 2026 second issue of the *International Journal of Prison Health*, (IJOPH) the editors have decided from this issue going forward, we will write an editorial that summaries the contribution of the papers within a particular issue. This and future editorials will also enable wider reflections across the papers within a given issue to be considered and analysed. Subsequent to this journal's name change in 2024, we also wanted to reflect on the implications of the change in name and the associated centring of person-centred language within the IJOPH. The papers within this edition reflect this new direction, all are attentive to person centred language and are explicit in the ethical underpinnings of each study. The change in name and new direction of the journal in 2024, is also reflected in the focus of some of the papers in this issue, where the health and training needs of prison staff are considered in two of the ten papers, including juvenile justice operators in Sicily, Italy, and prison officers in Italy, respectively.

This second issue of the *International Journal of Prison Health* brings together ten diverse and internationally significant contributions that collectively demonstrate the breadth, complexity and urgency of contemporary prison health research. Spanning Europe, North America, South Asia and the UK, the papers examine prison health through multiple disciplinary lenses, including epidemiology, public health, psychology, criminology, sociology and correctional practice. Together, they illuminate how prisons remain critical sites for understanding health inequalities, institutional care, human rights, and the broader social determinants of health and well-being. A defining feature of this issue is its remarkable geographical reach. The issue includes studies from Portugal, Italy, Pakistan, the USA and the UK, alongside broader European analyses and internationally relevant conceptual work. This international scope reflects the increasingly global nature of prison health scholarship and demonstrates the importance of comparative perspectives for understanding how incarceration shapes health outcomes across different political, geographical, cultural and institutional contexts. While prison systems vary substantially between jurisdictions, the studies presented here reveal common concerns surrounding healthcare access, institutional safety, chronic illness, mental health, staff well-being, rehabilitation and ethical research practices.

Several papers in this issue foreground the relationship between incarceration and physical health inequalities. Carolina Lança Pereira's systematic review of deaths in prisons provides one of the most comprehensive examinations of custodial mortality within the Portuguese context while situating these findings within broader international trends. The study highlights the prevalence of deaths from natural causes while also revealing striking variations in rates of suicide, homicide and accidental deaths across jurisdictions. Particularly concerning is the finding that suicide accounts for approximately 30% of prison deaths in Portugal, placing the country above most nations included in the review. By integrating epidemiological evidence with legal and institutional analysis, the article raises

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urgent pertinent questions about accountability, human rights compliance, and the adequacy of investigations into deaths in custody. In doing so, the paper contributes not only to prison health scholarship but also to wider debates surrounding state responsibility and institutional transparency.

Questions of chronic illness and health vulnerability are also explored in Shiraz Shaikh's study of cardiovascular disease risk factors among male prisoners in Karachi, Pakistan. Drawing on data from 400 incarcerated men, the study reveals alarmingly high levels of physical inactivity, poor nutrition, smoking, obesity and hypertension. The findings underscore how prison environments may intensify pre-existing health inequalities while simultaneously limiting opportunities for health promotion and preventative care. Importantly, the article moves beyond merely identifying health risks to emphasise the need for structural reform, including improved nutrition, reduced tobacco access, and enhanced opportunities for physical activity. This intervention-oriented approach highlights the importance of considering prisons as public health settings that should offer holistic health care rather than solely institutions of punishment.

The issue also expands understandings of prison health by examining the intersections between incarceration and oral health. Sabrina Blank's population-based study of older adults with diabetes in the USA explores how histories of incarceration shape dental health outcomes and access to care. The article demonstrates that individuals with a history of incarceration experience higher rates of tooth loss and lower rates of dental care utilisation compared to their non-incarcerated counterparts. Particularly valuable is the study's attention to how race and ethnicity moderate these relationships, as well as the mediating role of trust in healthcare providers, social support and dental insurance. By situating oral health within broader questions of social inequality and healthcare access, the paper demonstrates the long-term health consequences of incarceration that extend far beyond prison walls.

Similarly attentive to health inequalities is Aikaterini Dima's evaluation of a vitamin D supplementation initiative implemented across prison healthcare settings in the UK during the COVID-19 pandemic. The study illustrates how relatively basic principles of public health interventions can produce measurable improvements in prisoner health outcomes. The reduction in vitamin D deficiency following implementation of the policy demonstrates the potential effectiveness of population-wide healthcare strategies in custodial settings. At a broader level, the paper highlights how the pandemic intensified awareness of health vulnerabilities within prisons and reinforced the need for proactive, preventative healthcare measures for incarcerated populations.

While physical health forms a central theme throughout the issue, several papers also examine the psychological and emotional dimensions of prison life. Miguel Basto Pereira's comparative study of health risk behaviours among Portuguese incarcerated men and community-based controls reveals significantly higher rates of smoking, drug use, self-harm, suicide attempts and violent conduct among individuals incarcerated in prison settings. Particularly noteworthy is the paper's exploration of self-control as a mediating factor between social-emotional competencies and health risk behaviours. This emphasis on psychological processes and emotional regulation offers important insights for the development of preventative interventions and rehabilitative strategies within prison settings.

Questions of institutional environment and rehabilitation are further explored in Tyesia Williams' contribution on substance use treatment and prison conditions in the USA. Building upon qualitative research conducted in a Louisiana correctional facility, the paper argues that rehabilitation cannot be understood separately from the broader prison environment. Williams demonstrates how inadequate nutrition, limited safety and insufficient staff training can undermine rehabilitative efforts and negatively shape treatment outcomes.

By focusing on basic human needs as foundational to effective rehabilitation, the article challenges punitive approaches that overlook the environmental conditions necessary for meaningful behavioural change. In doing so, the paper contributes to ongoing debates about the purpose of incarceration and the role of prisons in supporting rehabilitation and reintegration.

The significance of institutional culture is also evident in Nicholas Derzis' study of incarcerated women's perceptions of sexual and physical safety in the USA following implementation of the Prison Rape Elimination Act (PREA). Based on responses from 728 incarcerated women, the study suggests that enhanced staff training, gender-responsive programming, and revised disciplinary procedures may have contributed to improved perceptions of safety. The article offers an important gendered perspective within prison health scholarship and reinforces the necessity of addressing sexual violence, emotional abuse and institutional safety within correctional environments. Importantly, the paper centres the perspectives of incarcerated women themselves, reminding readers that perceptions of safety are critical indicators of institutional well-being and legitimacy.

The well-being of prison staff is another major theme addressed within this issue. Gianluca Bianchi's study of prison officers in Italy examines the psychological correlates of perceived stress, focusing on loneliness, emotional exhaustion, and reflective functioning. The findings demonstrate that relational connectedness and reflective functioning significantly shape officers' experiences of stress beyond traditional workplace factors. This paper is particularly important because prison staff well-being is frequently overlooked in prison health research despite the emotionally demanding nature of correctional work. By emphasising relational and psychological dimensions of occupational stress, the study opens new possibilities for interventions aimed at improving staff well-being and institutional culture more broadly.

Institutional culture and practitioner capacity are also central to Maria Garro's examination of juvenile justice professionals working with young Muslims in Sicily. The article addresses the unique vulnerabilities experienced by Muslim and immigrant youth within the Italian juvenile justice system, particularly the psychological harms associated with stigma, marginalisation and discrimination. The study identifies significant gaps in professional training and highlights the need for culturally responsive approaches to support well-being and reintegration. Beyond its immediate findings, the paper contributes to broader discussions surrounding diversity, migration, religion and inclusion within justice systems. It also reflects the growing recognition that prison and juvenile justice research must attend to the experiences of minority and marginalised populations.

The international and interdisciplinary nature of this second issue of 2026, is perhaps most evident in Linda Montanari's article on conducting ethical drug research in prisons through the implementation of the European Questionnaire on Drug Use among People Living in Prison (EQDP). Rather than focusing solely on substantive findings, the paper addresses the methodological and ethical challenges involved in conducting prison-based research. Given the high prevalence of drug use, mental illness, and infectious disease within prison populations, the article argues persuasively for the importance of robust and ethically sound research infrastructures. By providing practical guidance for researchers working in custodial environments, the paper makes a substantial contribution to the future development of prison health scholarship across Europe and beyond.

Collectively, the ten papers in this issue demonstrate the extraordinary diversity of contemporary prison health research published in the *IJOPH*. They encompass quantitative epidemiological studies, qualitative analyses, systematic reviews, policy evaluations, psychological investigations and methodological reflections. The contributors engage with populations including incarcerated men, women, young people, prison officers, healthcare providers and formerly incarcerated individuals. Thematically, the issue traverses mortality,

chronic disease, oral health, mental health, rehabilitation, institutional safety, staff well-being, cultural competence and ethical research practice. Such diversity is not merely descriptive; it reflects the inherently interdisciplinary and multifaceted nature of prison health itself. Importantly, the issue also reinforces the idea that prison health is public health. The health inequalities identified within prisons are deeply connected to broader social inequalities related to poverty, race, migration, substance use, housing insecurity and healthcare access. Many incarcerated individuals cycle between prisons and communities, meaning that prison health outcomes inevitably shape wider public health outcomes. This interconnectedness is particularly evident in studies addressing infectious disease prevention, chronic illness management, rehabilitation and post-release healthcare access.

At the same time, the collection highlights the importance of recognising prisons as unique institutional environments with distinct challenges and ethical complexities. Whether examining deaths in custody, staff stress or the implementation of healthcare interventions, the papers repeatedly demonstrate how institutional structures and cultures shape health experiences and outcomes. The issue therefore calls for prison health research that is not only clinically informed but also attentive to social, political, and institutional dynamics. Taken together, these ten papers make a significant contribution to the growing international field of prison health and well-being scholarship. They demonstrate the value of interdisciplinary collaboration, comparative analysis and international dialogue in addressing some of the most pressing challenges facing prisons today. Most importantly, they remind us that questions of health, dignity, safety and well-being remain central to any meaningful understanding of justice systems.

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