Health and Sport Committee Inquiry into Healthcare in Prisons: Response from the British Psychological Society Division of Neuropsychology Scotland

The BPS Division of Neuropsychology Scotland (DoNS) represents clinical and academic psychologists in Scotland who work with people who have neurological conditions. The DoNS welcomes the opportunity to contribute to this Inquiry, and wishes to highlight the challenges and opportunities in meeting the healthcare needs of prisoners with neurological illnesses and brain injury. Published clinical guidelines\(^1\)\(^-\)\(^3\) specify that people with neurological conditions in Scotland should have access to appropriate assessment and rehabilitation services, including neuropsychology. It is vital that there should be equity of access for those in prison, in whom conditions such as traumatic brain injury are much more common than in the general population\(^4\).

What do you consider are the current pressures on health and social care provision in prisons?

It is recognised that mental health problems, alcohol and drug addiction, and longstanding social disadvantage are very common among prisoners, and exert considerable pressure on prison health and social services. It has been highlighted more recently that traumatic brain injury and developmental neurodisabilities are also disproportionately present in the prison population\(^4\)\(^-\)\(^6\). The consequences of neurological conditions—such as memory and thinking problems, and emotional and behavioural dysregulation—will make it more difficult for prisoners to benefit from standard forensic rehabilitation programmes, will impact on co-existing psychiatric and substance use problems, and will pose challenges for successful post-release settlement and transition to relevant community health services. People with past head injury are also at greater risk of repeat injuries, and should therefore receive educational input aimed at minimising that risk. Following the transition to NHS healthcare provision in the prison estate, significant challenges remain in integrating new and pre-existing systems, transferring information between services when offenders enter and leave the criminal justice system, screening prisoners for brain injury and neurodisability, and targeting further assessment and intervention in a timely and efficient manner. There are also challenges in ensuring equity of access to regular healthcare reviews for prisoners with chronic neurological conditions such as epilepsy and multiple sclerosis: as in the community, such reviews should be pro-active, local and accessible, rather than relying solely on external referrals to hospital clinics.

How well do you consider that these pressures have been responded too?

With regard to NHS psychology services in Scottish prisons, the DoNS is pleased to note that recruitment of clinical psychology staff is growing. Nevertheless, there are crucial gaps in the provision of specialist neuropsychology services, to meet the complex needs of prisoners with neurological illness or brain injury. To our knowledge, HMP Grampian is currently the only prison with dedicated neuropsychology staff input. HMP Grampian is working to develop this service in partnership with existing forensic psychology staff, but for this to be matched and extended in other prisons, the DoNS believes that strong central support and guidance is needed from the Scottish Government Health and Social Care Directorate, together with NHS Boards and Integration Joint Boards and local primary care and community services.
The DoNS also welcomes the important work of the National Prisoner Healthcare Network in developing innovative potential pathways for screening and intervention for offenders with brain injury, and looks forward to the implementation of its recent recommendations.

To what extent do you believe that health inequalities are / could be addressed in the prison healthcare system?
Offenders are more likely to have health problems than the general population, and the DoNS has concerns that inequity of healthcare access in prisons will compound the disproportionate burden of ill-health and poorer outcomes that already affects this group. Custodial sentences provide an opportunity for health and social care staff to offer services to an otherwise hard to reach section of the population, which in turn may have an impact on later outcomes. This depends on an effective system of timely screening and targeted intervention within the secure estate, with continuity of service provision and information exchange post-release. For brain injury, this can be achieved through the use of linkworkers, for example.

What are the current barriers to using the prison healthcare system to improve the health outcomes of the prison population?
Key barriers include:
- Inefficient or absent communication between health and social care agencies and information systems within and outside the secure estate;
- Under-recognition by criminal justice staff and prisoners themselves of the prevalence and consequences of neurological conditions, particularly traumatic brain injury and developmental neurodisabilities;
- Lack of resources, including access to specialist neuropsychologists in prisons, to implement educational programmes and deliver targeted interventions aimed at reducing the risk of further brain injury and maximising successful transition to the community.

Can you identify potential improvements to current services?
The DoNS supports the recommendations of the National Prisoner Healthcare Network regarding screening, triage, assessment, rehabilitation and education initiatives to address brain injury in offenders. Improved communication between prison and community health services will be crucial to the success of these recommendations. We also envisage that increased availability of neuropsychologists in prisons will benefit not only prisoners with brain injury but also those with chronic neurological conditions such as epilepsy, where ongoing cognitive or mental health difficulties will also adversely affect outcomes.

What do you think the main pressures will be in the next 15 years?
Services will face significant challenges in delivering targeted and effective rehabilitation interventions with limited resources. We also expect that as the population ages, the prevalence of prisoners with age-related cognitive problems and dementia will increase, thus highlighting the need for specialist neuropsychological services.


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