Response from the National Prisoner Healthcare Network: Brain Injury and Offending to the Health and Sport Committee Inquiry into Healthcare in Prisons

28 February 2017

This response is based on the National Prisoner Healthcare Network report on Brain Injury and Offending which was published in July 2016 (http://www.nphn.scot.nhs.uk/nphn-brain-injury-and-offending-final-report-publication/). The report sets out the relationship between brain injury and offending including between damage to the brain, antisocial behaviour and crime, and of the elevated risk of brain injury in the demographic groups who are at higher risk of offending and criminal conviction. Since publication of the report, a health economics report on brain injury and offending (https://www.centreformentalhealth.org.uk/traumatic-brain-injury) from the Centre for Mental Health has estimated that if taking two 15 year olds with a future crime career of 10 years, the additional cost if one has a head injury is £345,000 and of this £250,000 is associated with involvement in crime (if subtracting the direct costs of the head injury).

There is a social and economic argument to identify and assess brain injury in prisoners and to triage to appropriate services which can range from simple education to intensive neurorehabilitation as described in the NPHN report. Implementation work is underway, involving collaboration and liaison between the NPHN, NHS, SPS and Police Scotland, although governmental support is required, as outlined below.

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

Brain injury, is essentially a ‘hidden disability’ given the preponderance of cognitive and behavioural effects and relative rarity of persisting physical disability it is currently overlooked as a cause of health or social problems (or management difficulties) in prison, whereby these problems can be misattributed and not dealt with efficiently or effectively.

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

They have not been responded to in the past, although implementation of the report is underway.

To what extent do you believe that health inequalities are/ could be addressed in the prison healthcare system?
Prisons are not part of care pathways for brain injury in Scotland. Hence there is an inequality that needs to be addressed. Note that offenders are not only more likely to sustain head injuries than the general public, but they are less likely to attend hospital after a head injury; this means that they are more likely to miss opportunities for brain injury rehabilitation or advice following injury.

**What are the current barriers to using the prison healthcare system/ improve the health outcomes of the prison population?**

There needs to be a system for identification of head injury, assessment when required and access to intervention throughout the Criminal Justice System as described in the NPHN report. Further research is required in order to effect this and some of this is currently underway. There is a need however for modest funding with regard to the research recommendations, which will in turn allow a clearer understanding of service need as a precursor to the development of care pathways. The financial pressures on the NHS also make it uncertain whether extension of care pathways for brain injury into prisons will be prioritised. It is perhaps worth considering that the health economic modelling of costs of brain injury in offenders spans NHs, social and Criminal Justice Service as would the savings from intervention.

**Can you identify potential improvements to current services?**

These are described in detail in the report but can be summarised as identification of head injury, sharing of information (which is often compartmentalised within the criminal justice system), education of staff about brain injury, development of cost effective interventions within the CJS and prisons becoming part of the care pathways for brain injury rehabilitation services.

**What do you think the main pressures will be in the next 15 years?**

Although several of the recommendations can be implemented on a low cost or cost neutral basis, there will also be a need to develop the availability of services, and for this to be considered in relation to a reduction in the social and economic costs of head injury in offenders. This strand of work can contribute to a more dynamic relationship between NHS services and the Criminal Justice System but will require the support of Government. Given the association between high risk of repeat head injury in repeat offenders there is opportunity via this work for preventative work to reduce pressures on the NHS and CJS over the longer term.

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