



ADHD in the Criminal Justice System: A case for change

Policy Roundtable

Experts were brought together at a policy roundtable in November 2021 to identify the challenges and barriers faced by people with ADHD (attention deficit hyperactivity disorder) in the Criminal Justice System.

This report provides a summary of the roundtable discussion and highlights ways that the Criminal Justice System can improve ADHD diagnosis and care.



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An estimated 25% of offenders have ADHD¹

Foreword

Positively, there has been a sustained policy focus on improving mental health provision across the NHS. This has driven a focus on provision improvements of mental health services across the Criminal Justice System. However, there are still prevailing challenges that need to be addressed to make any improvements a reality.

We have seen the re-nationalisation of probation services and a focus on reducing the number of people within prison. A commitment of additional financial support in the Spending Review has the potential to help the recovery from COVID-19 and could deliver a more effective and modern justice system.

We are encouraged that the Government's Prison Strategy White Paper, undertaken by the HM Inspectorate of Prisons and HM Inspectorate of Probation, with support from Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), gave an independent review of neurodiversity in the Criminal Justice System. It highlighted ADHD's prevalence.

Takeda are committed to improving the provision of care for people with ADHD and have over twenty years experience of working with the ADHD community. As part of our work, we organised a virtual roundtable in November 2021, to work alongside parliamentarians, policymakers and healthcare professionals to scope the potential for improvements in the recognition and care of people with ADHD in the Criminal Justice System. The discussion identified a number of key barriers that are currently limiting these improvements. These are presented in this report, and provide the basis for developing the policy solutions that can improve the care that people with ADHD in the Criminal Justice System receive.

We hope this report and the barriers identified are useful to policymakers, in understanding the prevailing challenges that need to be overcome, in order to improve the quality of life for patients and benefit the Criminal Justice System and wider society. We will build on this momentum and continue to work alongside experts to develop policy solutions to reduce these barriers in access to care.



Ashley Inglis
Business Unit Director, Neuroscience,
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This is a **five to tenfold** prevalence increase compared to general population rates¹, however **ADHD remains critically underdiagnosed** in prisons².

Evidence shows that ADHD is linked to:

An increase in early age criminality⁴



An increased likelihood of re-offending⁵



An increased link to aggressive incidents compared to other prisoners without ADHD, of up to **eight times**⁵



An increased risk of co-occurring psychiatric disorders compared to prisoners without ADHD⁶



A significant association with self harm and suicide, particularly in women, compared to people without ADHD⁷



Around 96% of prisoners with ADHD have a comorbidity, including substance use, conduct and personality disorders⁸



Untreated ADHD accounts for at least an estimated **£11.7 million** annually in the CJS⁹



If ADHD is recognised in prisons and managed appropriately: **There can be a reduction in criminality of 32% for men and 41% for women**³



Executive summary

ADHD and neurodiversity across the Criminal Justice System (CJS) is gaining recognition by the Government.

The 2021 *Neurodiversity in the criminal justice system: A review of evidence* identified ADHD as an area of high impact. It called for the introduction of **a neurodiversity strategy** to address the continued unmet need across the CJS¹⁰.

The Prisons Strategy White Paper, published in December 2021, sets out ways to support people whilst in prison and to ensure they can reintegrate into society post release. It aims to increase **understanding of the specific needs of people who are neurodiverse**, including ADHD, and what is required to enable a successful transition back into society. This includes **access to and continuity of care post release**, as well as **specific educational and skills support** whilst in prison¹¹.

Expert policy roundtable attendees echoed a number of the aims included in the White Paper, but also highlighted several gaps in the CJS care pathway that need to be addressed.

Appropriate, accurate and consistent screening is needed across different points of the CJS to better identify people with ADHD.

Improved awareness and training about ADHD amongst prison staff is required to facilitate treatment for patients and to enable recognition of behavioral traits.

An **appropriate care pathway** should be integrated into existing mental health and neurodiverse pathways as there is currently no consistent approach to diagnosing, managing and treating ADHD across the CJS.

Care needs to be continued upon release from prison to reduce reoffending and to ensure optimal outcomes for the patient, with an integrated health and social care system providing an interface between the CJS and wider community services.

How do we make this a reality?

Develop evidence based policy solutions to overcome the barriers and drive policy change for people with ADHD:

Formulate policy solutions through expert insights and sharing best practice pathways.

Continue to drive awareness of the unmet need amongst policymakers to improve the lives of offenders with ADHD.

Submit evidence based on consultations to drive prioritisation of the needs of this group of people in government policy.

Partner with charities, think tanks and clinicians to highlight the unmet need of ADHD and other neurodiverse conditions to build support, reduce rates of re-offending and improve outcomes for society.

Convene a second roundtable discussion of experts to identify policy solutions.

Addressing the barriers: What needs to change?

In a detailed and thought-provoking discussion, the expert attendees of the policy roundtable highlighted the changes that are needed for the CJS to provide optimal care for people with ADHD.

Screening for ADHD



Screening for neurodiverse conditions, including ADHD, should occur on entry into prisons, however this is often not the case for adults entering prison. There is currently no agreed screening tool used as standard across the system and when screening does happen, it is often inadequate and not of sufficient quality. Screening should be considered across different points of the CJS, including on entry into prison, to recognise who should be referred for a full diagnostic assessment for ADHD. People could be screened across other areas, including courts and within police probation.

Awareness and training on ADHD



Training is needed for both healthcare professionals (HCPs) and prison staff to ensure appropriate screening for diagnosis is implemented to identify patients. Specific training for staff within the CJS is required to support prisoners diagnosed with ADHD along their care pathway, ensuring their treatment is accessible. This will better facilitate appropriate identification and access to care. A lack of training, combined with staff shortages, limits the ability to recognise the link between behaviour and potential ADHD. Lack of training within mental health teams can result in missed diagnosis or suboptimal treatment.

An appropriate care pathway



A pathway for ADHD should be integrated into existing mental health and neurodiverse pathways, rather than developing something 'from scratch'. Currently, there is no consistent approach to diagnosing and providing care for ADHD across prisons in the UK, with insufficient data collection to understand the scale of the challenge and the true unmet healthcare need of offenders. The system is therefore unable to adequately drive improvements in care.

Continuity of care



Continuation of treatment and care on release from prison is fundamental to reducing reoffending and ensuring optimal health outcomes. Existing services within the community have long waiting times and in some areas there are no specialist ADHD services. An integrated health and social care system, with an interface between the CJS and wider community services, will enable people to access the support they need when they leave prison.

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Roundtable expert insights

Expert attendees of the roundtable were invited to discuss the existing challenges and areas for improvement for people with ADHD in the CJS. Expert clinician insights from a Takeda organised and funded medical advisory board were presented, followed by a presentation from Professor Susan Young on the impact of ADHD in the CJS. These insights provided an expert evidence base which informed the policy roundtable discussion.

Key themes and critical gaps in the care pathway for people with ADHD in the CJS were identified throughout the discussion.

Access to screening

The current approach to screening for ADHD across the CJS is inconsistent and of an insufficient quality to accurately recognise people who might have ADHD. Therefore, an appropriate screening process needs to be introduced and adhered to across the CJS nationwide to ensure that people with suspected ADHD are appropriately referred for a full assessment and potential diagnosis.

- › **Screening should be introduced across all different parts of the CJS, not just within the initial few days of entering prison.** This means they can be supported throughout their entire interaction with the system
- › Despite screening for ADHD in the Children & Young Person's Secure Estate (CYPSE - for C&YP aged 10-18), it is essential this standardised screening is also implemented across adults estates. A standard protocol should be developed and used consistently. There is currently no standard across the adult prison system
- › Screening should be of a specific quality in which questions are clear and accessible for people with ADHD to answer and clinicians to evaluate. One of the main barriers to a diagnosis can be the multiple comorbidities associated with ADHD, with the underlying ADHD often not recognised through current screening tools

An appropriate ADHD care pathway

Screening is one part of the puzzle, but if there is no sufficient care pathway or appropriate referral mechanism for ADHD then screening will be futile.

- › It is not necessary to create a new ADHD pathway, but assessments should be made on how an ADHD pathway can be integrated into **existing mental health services and neurodiversity pathways** that are currently available in prisons. This approach will help implement appropriate referrals and access to treatment more efficiently to enable a holistic treatment approach
- › Alongside this, consistent and better **data collection** is needed to greater understand the scale of the challenges that ADHD presents across the prison service and support the effective planning and **commissioning** of services

Any overarching Government neurodiversity strategy should recognise ADHD as a core condition to be addressed in the CJS, through appropriate assessment, provision of good-quality specialist support, and support on release into the community.

Improved awareness and training

There is a **lack of understanding of ADHD** amongst staff in prisons, which limits diagnosis, referral and access to appropriate treatment:

- › This limits the ability of both HCPs and CJS staff, including those working within police, education, probation and forensic psychiatry, to recognise the link between behaviour and potential ADHD in order to refer appropriately
- › Even amongst consultant psychiatrists, training in ADHD can be highly variable and they cannot always be relied on as a source of ADHD expertise for diagnosis and treatment
- › **Prison governors** have a role to play in ensuring that staff are appropriately trained and to facilitate the management of the recognition and treatment of ADHD

Access to treatment

There are **consistent staff shortages** across the prisons sector, which can mean that prison officers may view conditions like ADHD as an additional burden. There can be additional administrative processes associated with controlled medications, such as in Young Offender Institutions, which can reduce adherence to specific treatments.

- › **A wider management framework for prisoners accessing treatment is crucial**, with the greatest challenge being the delegation of responsibility. The framework should clearly outline responsibilities amongst staff around prisoners accessing their treatment

Continuity of care

Existing neurodiversity pathways in the community have long waiting lists, sometimes up to five years¹². This can mean that people with ADHD can face a cliff edge when they leave prison, with a postcode lottery in accessing appropriate care and continuing treatment.

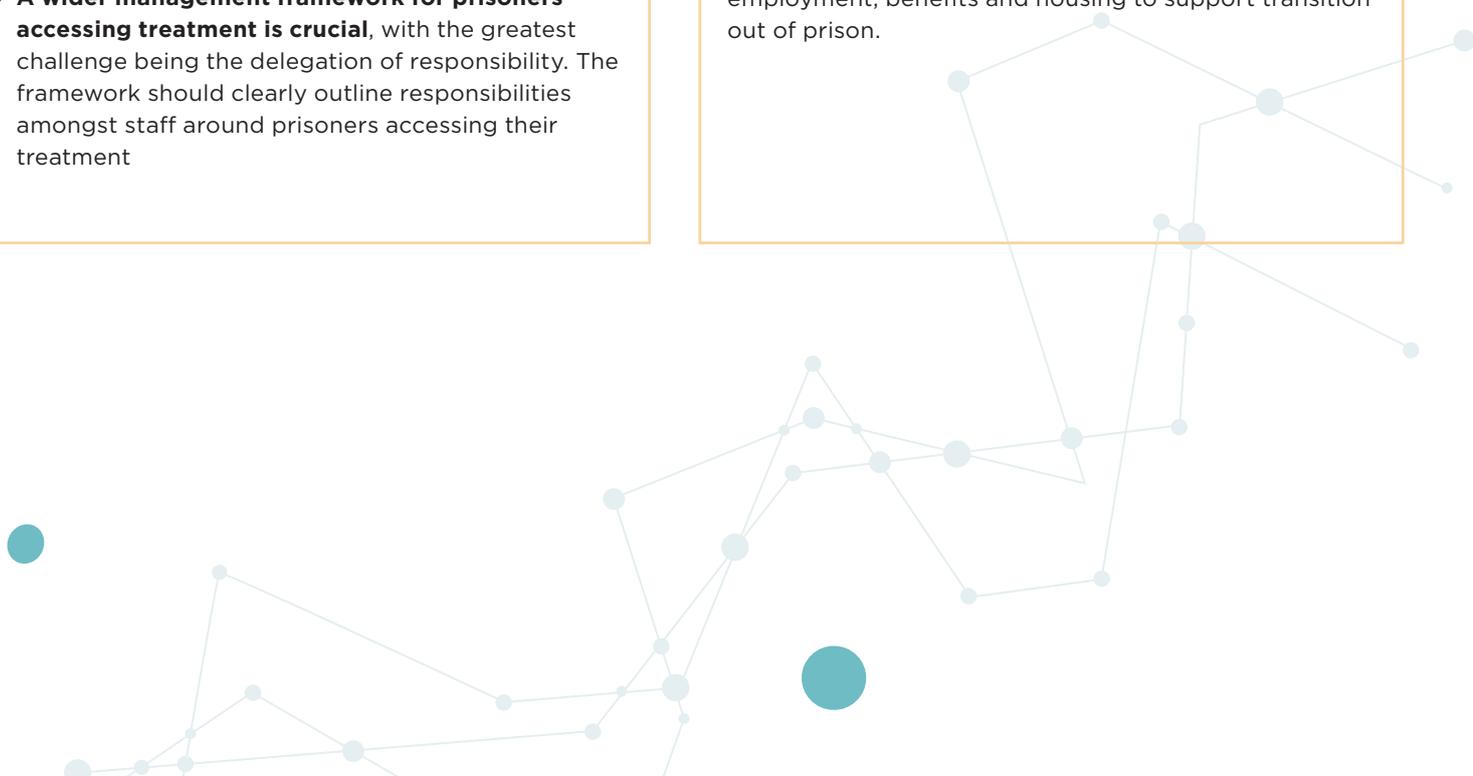
Often, an individual only receives one week's supply of medication when they leave prison and if they stop taking medication, they have to be re-referred into specialist services for re-initiation and re-titration. The waiting list for these services can be months or even years and individuals can fall out of the healthcare system completely.

To avoid this, there should be a robust process in place for the transition of care from the prison service to primary care, ensuring the medication regime can continue unbroken.

Communication between the prison and primary care is essential, including transfer of a care plan and the ADHD diagnosis. This would negate the need for a second diagnostic assessment and allow primary care to take on the ongoing support and regular prescribing for the individual.

A potential solution is including ADHD on the RECONNECT Care After Custody programme, alongside a greater role for probation services in ensuring a smooth transition into primary care.

A wider integrated health and social care system is needed with an interface between the CJS and wider community services, such as health, social care, employment, benefits and housing to support transition out of prison.



Opportunities to drive policy change

In December 2020, the Lord Chancellor and Secretary of State for Justice commissioned an **independent review of neurodiversity in the CJS¹⁰**. Within the review's findings, ADHD was specifically identified as an area of high impact. The review highlighted the need for early screening and identification of ADHD, and specifically called for a **neurodiverse strategy** to be developed by the Government to better support the unmet needs of this population. **It is imperative that the Government commits to developing and implementing this strategy. Any neurodiversity strategy developed should consider people with ADHD and address the core barriers identified in this paper:**

- › Improved screening
- › An appropriate ADHD pathway across the whole CJS, including courts and police probation
- › Better training around ADHD for HCPs and CJS staff
- › Continuity of care into the community

Recent attention in the House of Commons has added weight to existing calls for strategies, with many MPs seeking answers on how the Government is supporting people with ADHD across the CJS. Some of the important steps forward in policy making include:

A new **National Partnership Agreement for Prison Healthcare¹¹** is in development, which we hope will drive improvements in the health and wellbeing of people in prison through prioritising the reduction of health inequalities, the reduction of re-offending and supporting rehabilitation, along with greater access and continuity of care through the prison estate and beyond. Similarly, recognising neurodiverse populations as having distinct and separate needs must be a key component of this updated agreement.

Coupled with this, the **Prisons Strategy White Paper¹¹**, published in December 2021, seeks to drive improvements across the prison estate so that people in prison can access appropriate support whilst under the care of the State, but also provide them with the skills needed to lead a fulfilled life upon release. Within this, there is ample opportunity to better support people with ADHD, by recognising and tackling the link between ADHD and aggressive incidents in prison, understanding the role appropriate access to care can play in reducing the symptoms of ADHD, and ensuring that ADHD / neurodiverse pathways and protocols are in place to enable skills development, both when detained and on leaving prison.

Finally, a **national analysis of mental health services**, commissioned by NHS England and NHS Improvement, will give a clearer understanding of the mental health needs and psychological wellbeing of prisoners in England. It will support the development of the new mental health service specification in prisons for roll-out by April 2023¹¹.

The appointment of a Neurodiversity Lead for the Community Sentence Treatment Requirement (CSTR) programme in England in 2021 was encouraging, in which community sentences include treatment for mental health, drugs and/or alcohol and provides an alternative to custody. However, without the existence of standardised screening being effectively coordinated with timely referral pathways for ADHD services, the needs of offenders with ADHD are unlikely to be met.

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