

## Mental health of adults in contact with the criminal justice system

**Consultation on draft guideline – deadline for comments** 5PM on 18 November 2016 **email:** [MentalHealthInPrison@nice.org.uk](mailto:MentalHealthInPrison@nice.org.uk)

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the short version and any comments you may have on the evidence presented in the full version. We would also welcome views on the Equality Impact Assessment.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none"><li>1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.</li><li>2. Would implementation of any of the draft recommendations have significant cost implications?</li><li>3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)</li><li>4. [Insert any specific questions about the recommendations from the Developer, or delete if not needed]</li></ol> <p>See section 3.9 of <a href="#">Developing NICE guidance: how to get involved</a> for suggestions of general points to think about when commenting.</p>
<b>Organisation name – Stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):	The Disabilities Trust
<b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	N/A

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<b>Name of commentator person completing form:</b>		Sarah Rufrancos, Policy and Campaigns Manager <a href="mailto:sarah.rufrancos@thedtgroup.org">sarah.rufrancos@thedtgroup.org</a>		
<b>Type</b>		[office use only]		
<b>Comment number</b>	<b>Document</b> (full version, short version or the appendices)	<b>Page number</b> Or 'general' for comments on the whole document	<b>Line number</b> Or 'general' for comments on the whole document	<b>Comments</b>
				Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
1	Short	General	General	The Disabilities Trust welcomes these guidelines, and the particular attention given to Acquired Brain Injury (ABI) [referred to as Acquired Cognitive Impairment (ACI) in this document]. While the inclusion of ABI throughout this document is welcomed we caution that ABI is not itself a mental health condition, though people with ABI are at increased risk of developing mental health problems. Our research has found that prisoners with a history of traumatic brain injury have higher levels of self-reported depression and anxiety than those without a history of traumatic brain injury. [Pitman I, Haddlesey C, Ramos SD, Oddy M, Fortescue D. (2014), The association between neuropsychological performance and self-reported traumatic brain injury in a sample of adult male prisoners in the UK, Neuropsychological Rehabilitation: An International Journal, DOI: 10.1080/09602011.2014.973887]
2	Short	General	General	The Disabilities Trust has developed a screening tool, the Brain Injury Screening Index (BISI®) for use by all levels of professionals to identify people (including offenders) who have a history of ABI. The BISI is available to download for free: <a href="http://www.thedtgroup.org/bisi">www.thedtgroup.org/bisi</a> In our submission to the NICE consultation on Physical health in prisons we recommended the adoption of the BISI as a screening tool for identifying a history of brain injury at the point of entry into prison. We would like to repeat this suggestion in this submission, particularly given the call for screening tools [see our comment number 7 below]. We refer the Committee to Barrow Cadbury's report 'Young People with Traumatic Brain Injury in custody', which evaluates our Linkworker service and use of the BISI with offenders aged 21 and under. [Professor W Huw Williams, Dr Prathiba Chitsabesan (2016), Young people with Traumatic Brain Injury in custody – an evaluation of a Linkworker Service for Barrow Cadbury Trust and The Disabilities Trust, Barrow Cadbury Trust/The Disabilities Trust Foundation/University of Manchester/University of Exeter].
3	Appendix W	General	General	Professor Huw Williams's evidence on 'The Role of Traumatic Brain Injury in Crime and in mental health issues in offenders and the management of TBI and comorbid conditions' refers to the Barrow Cadbury report referenced in our comment 2, which describes the Linkworker project funded and delivered by The Disabilities Trust Foundation, and the Brain Injury Screening Index (BISI®) developed by The Disabilities Trust. We are grateful for the Committee's interest in our work and would like to share our experiences of developing and implementing these successful tools and interventions. Contact <a href="mailto:foundation@thedtgroup.org">foundation@thedtgroup.org</a>

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4	Short	19	1	Point 1.6 – We recommend that, where appropriate, consideration is given to whether the CJS is the appropriate place to deliver psychological interventions when a history of ABI has been identified. Our case study of Byron illustrates that specialist brain injury rehabilitation in a healthcare rather than custodial setting can save in excess of £80,000 per individual in the short-term and prevent the cycle of recidivism. [The Disabilities Trust (2015), Brain Injury Linkworker Service, <a href="http://www.thedtgroup.org/media/4082/160115_linkworker_service_report.pdf">http://www.thedtgroup.org/media/4082/160115_linkworker_service_report.pdf</a> ]
5	Short	22	24	Point 1.83 – We welcome joint working. We have delivered brain injury training to over 1,000 professionals, many of whom are employed within the CJS, and we are currently exploring street/police custody setting training in pilot areas of the country. We believe that, in addition to the key stakeholders highlighted in the draft guidance, the knowledge and experience of the third sector should be utilised as far as possible. We offer our expertise to the Committee if they are considering commissioning specialist brain injury training and specialist support. Contact <a href="mailto:foundation@thedtgroup.org">foundation@thedtgroup.org</a>
6	Short	23	23	Point 1.9 – We reiterate our offer to provide our expertise based on our extensive experience developing and delivering training to staff within the CJS on identifying and supporting individuals with ABI. Contact <a href="mailto:foundation@thedtgroup.org">foundation@thedtgroup.org</a>
7	Short	33	19	Point 4 – We believe that the BISI should be adopted as a screening tool within the CJS. The Scottish National Prisoner Healthcare Network in their recommendations to the Justice Committee in Holyrood shortlisted the BISI as a suggested screening tool for use in the Scottish prison system. [Scottish National Prisoner Healthcare Network (2016), Brain Injury and Offending <a href="http://www.nphn.scot.nhs.uk/wp-content/uploads/sites/9/2016/07/NPHN-Brain-Injury-and-Offending-Final-Report.pdf">http://www.nphn.scot.nhs.uk/wp-content/uploads/sites/9/2016/07/NPHN-Brain-Injury-and-Offending-Final-Report.pdf</a> ] Our current work is exploring two aspects of the tool that were highlighted as an area for development, and we are going to submit this work soon, fulfilling the Committee's request for data to support the use of screening tools.

Insert extra rows as needed

### Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons).

We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without

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attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.