

Mental Health in Prison Consultation Response

The Disabilities Trust

The Disabilities Trust:

We are a charity that works alongside people with an acquired brain injury, autism, and/or learning or physical disabilities to help them live as independently as possible. Our high-quality services across the UK support people to move forward with their lives. These include: assessment and rehabilitation centres, hospitals, care homes, supported living accommodation, care in people's homes and a school. www.thedtgroup.org

Introduction:

According to the Prison Reform Trust over a quarter (26%) of women and 16% of men reported receiving treatment for mental health problems in the year prior to custody. In addition, self-inflicted deaths are 8.6 times higher in prison compared to the general population¹. Amongst the over 83,000 men and women in the Criminal Justice System (CJS) (as of 7th May 2021)², these vulnerabilities could be further complicated by the presence of a brain injury. Internal research and evidence from The Disabilities Trust has demonstrated the disproportionately high prevalence of brain injury amongst this population, with our evidence also suggesting higher levels of major depression, generalised anxiety and post-traumatic stress disorder (PTSD) following a traumatic brain injury (TBI).

Brain Injury Linkworker Service and Mental Health:

For over ten years, The Disabilities Trust has provided support for those with a brain injury within the CJS, with our research showing nearly two-thirds of women (64%) at HMP/YOI Drake Hall and nearly half of men (47%) at HMP Leeds reported a brain injury^{3,4}. This is disproportionately high compared to estimates of brain injury amongst the general population, which is considered to be approximately 2-36%^{5,6,7}.

Caused by either sustaining a blow to the head, also known as a TBI (e.g. due to domestic violence, road traffic accidents or a fall) or through an illness which affects the brain (e.g. a stroke or meningitis), brain injuries can be considered a 'hidden epidemic' as many of its symptoms can be difficult to detect or may be misinterpreted as 'challenging' or 'difficult' behaviour. Behavioural, cognitive and emotional symptoms can be difficult to detect or overlooked but nevertheless can be potentially life changing. Symptoms can include:

- poor memory,
- lack of concentration or inability to multitask,
- slowness to process information,
- poor impulse control
- risk taking behaviour
- co-morbid anxiety and depression
- fatigue or difficulty falling asleep
- lack of insight (i.e. where a person might not realise they have a problem)

In order to support men and women who may have a brain injury, the Disabilities Trust has provided a Brain Injury Linkworker (BIL) Service in prisons across England and Wales. Once

a brain injury has been identified, using our validated screening tool, the Brain Injury Screening Index (BISI)* personalised and therapeutic interventions are offered to support individuals.

Previous research has also highlighted elevated incidences of psychiatric conditions, such as anxiety and depression after a brain injury^{8,9}. This has been supported by research from The Trust, which found that amongst men at HMP Leeds those who had more severe TBIs also had higher levels of anxiety and depression⁴. We found similar results amongst women at HMP/YOI Drake Hall. Of 100 women supported by a BIL, 62% reported severe incidents of anxiety and 55% had severe and moderately severe depression. Whilst it is difficult to unpick causality between mental health and brain injury, results showed incidents of anxiety and depression both dropped to 20% from the point of assessment to discharge from the BIL service³.

Although our BIL service focuses on interventions to manage the health, behavioural, cognitive and emotional consequences of brain injury, impact data from our current BIL Service in HMP Cardiff found significant reductions in Assessment Care in Custody and Teamwork (ACCT) care pathways and adjunctions. In addition:

- Those receiving support from our BIL were more likely to be moved on **to standard or enhanced regimes**
- None of those who received support from a BIL, who have since been released have returned to HMP Cardiff.
- In the three months prior to the BIL's intervention, amongst 19 men, there were a total of 25 open ACCTs. Following just one session, this number dropped to only 2 open ACCTs and finally down to only one after two sessions, representing a reduction of **95%**.
- In the three months prior to the BIL's intervention, there were a total of 72 adjudications or incidents amongst men supported by the BIL. This dropped by **93%** after 2 sessions.

This highlights the multifaceted nature of the difficulties faced by men and women in the CJS, including the potential impacts of brain injury and co-morbid mental health difficulties. It is vital support for both men and women in the CJS is holistic, recognising the potential impacts of a brain injury and its link to mental health.

Domestic Abuse and Mental Health:

Whilst representing less than 5% of the UK's population, women in the CJS are highly likely to be victims as well as offenders and face a multitude of disadvantages. For instance, according to Women in Prisons, seven out of ten women have experienced domestic abuse and are five times more likely to have mental health problems compared to the general population¹⁰.

In the first study of its kind in the UK, from 2016-2018, The Disabilities Trust provided a BIL at HMP/YOI Drake Hall, a women's prison in Staffordshire. Results showed that the leading cause of TBI, as reported by women, was domestic abuse (62%)³. Following the publication

* The Brain Injury Screening Index (BISI) is a validated screening tool created by The Disabilities Trust, which comprises 11 questions and can help identify people with a brain injury. It can be downloaded for free through our website: <https://www.thedtgroup.org/foundation/brain-injury-screening-index-bisi>

of this distressing finding, to further understand the complex vulnerabilities faced by women in the CJS, The Trust conducted additional analyses looking at our results through a domestic abuse 'lens'. Results showed:

- 75% of women referred to the BIL had a **prior mental health diagnosis**
- Of those with a traumatic brain injury, 40% had a mental health diagnosis, and women with a brain injury were **seven times more likely** to have a mental health diagnosis compared to those without
- 61% of those with a brain injury caused by domestic violence reported **having self-harmed**, compared to women who reported other causes of brain injury (29%)¹¹

This was supported by qualitative data collected from an independent evaluation of the BIL service conducted by Royal Holloway, University of London (2019), detailing these women's experiences of domestic abuse and the symptoms of brain injury:

"I was in a [relationship involving] domestic abuse for four years. He beat me bad, bad bad... my head's got... it's like a patchwork quilt under all there - and I was just knocked out unconscious loads of times, so many times..." (Wendy)^{†,12}

"I was becoming very anxious about these problems that I was seeing ...not remembering the names of the people I'd spoken to or not being able to express myself properly 'cause I'm forgetting what I'm saying." (Sarah)¹²

An independent evaluation of the BIL service, conducted by Royal Holloway, University of London detailed how the support of the BIL improved women's mood and self-esteem, as well as enhancing their confidence and positivity. The evaluation also found that the service seemed to support women's engagement in their sentence plan, offered practical guidance for staff working with women with a brain injury, and alleviated pressure from other service provisions (e.g. mental health)¹².

In November 2019, The Disabilities Trust hosted a roundtable and gathered experts, including academics and representatives from leading domestic abuse charities and the NHS, to discuss the needs of women who have experienced both domestic abuse and a brain injury. Roundtable attendees acknowledged there are challenges in identifying the specific impacts of brain injury for those facing multiple disadvantages. This is, in part, because symptoms of brain injury can be similar in presentation to the impact of trauma, mental health issues or substance misuse¹³.

Our research to date, highlights the need for services to provide an integrated and holistic response to those living traumatic and multi-disadvantaged lives when they disclose domestic abuse and/or a history indicative of brain injury, in conjunction with mental health difficulties.

Conclusion:

Research, including contributions from The Disabilities Trust has highlighted the multiple disadvantages experienced by both men and women in the CJS. Brain injuries are

[†] The names of the women featured in the quotes in this document, are not their real names and are taken from the independent evaluation conducted by Royal Holloway, University of London.

disproportionately high within this population, with links to domestic abuse and mental health conditions (including depression and anxiety). The Disabilities Trust is keen to see support within the CJS which addresses these diverse vulnerabilities, including the often hidden behavioural, cognitive and emotional symptoms of brain injury.

References:

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¹³The Disabilities Trust. (2019). *Brain Injury & Domestic Abuse: An Invisible Impact*. Available at: <https://www.thedtgroup.org/media/163863/brain-injury-domestic-abuse-an-invisible-impact-final.pdf>