Attendees:

- **Paul Burstow**
  MHP Senior Advisor
- **Ashley Inglis**
  Business Unit Director, Neuroscience, Vaccines & Internal Medicine, Takeda
- **Dr Joe Johnson**
  Consultant Psychiatrist and Clinical Lead, Adult ADHD Service, Merseycare NHS Foundation Trust
- **Dr Alexandra Lewis**
  Consultant Forensic and Child & Adolescent Psychiatrist, Clinical Adviser
- **Richard Littler KC**
  Barrister, Exchange Chambers
- **Dr Tony Lloyd**
  Chief Executive Officer at The ADHD Foundation
- **Will Siebert**
  Parliamentary Researcher for Sir Robert Buckland KBE KC MP
- **Nicole Underwood**
  Public Affairs Manager, Takeda
- **Claire Vilarrubi**
  Senior Lecturer, School of Criminology, Investigation and Policing, Leeds Trinity University

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ADHD in the Criminal Justice System: A Case for Change

Recommendations Report

In November 2021, Takeda organised a policy roundtable, *ADHD in Prisons: A case for change*, which brought together key stakeholders from across the clinical, policy, advocacy, criminal justice system (CJS) and political community. The meeting gathered a series of insights into the particular challenges for people with ADHD in the CJS, which were categorised into broad themes:

- **Standardisation of screening** – to ensure those entering the CJS are recognised and referred to services, to meet their healthcare needs
- **Development of an appropriate ADHD care pathway** – to be embedded into the current mental health care provision currently operating in each prison estate
- **Understanding of, and training on, ADHD** – for prison staff to be able to help manage patients with ADHD and provide support in accessing care
- **Continuity of care upon release** – for probation services to facilitate the transition into an ADHD service or primary care provider

ADHD should be recognised prior to entry into the prison system (i.e. as a child and during the court system), understanding the patient pathway across the whole of the CJS. To fully uncover the system-wide challenges, a separate discussion is required to gather expert insights. This report focuses on solutions around the prison system.

Progress has been made across the CJS in terms of improved responsivity to neurodiverse conditions. The development of the centrally based neurodiversity team is encouraging and it is vital that the needs of offenders with ADHD are considered in any updated strategy, alongside other neurodiverse conditions[iv].

With an aim to identify practical, specific and implementable solutions to address these challenges in the system, experts reconvened on 31 October 2022. The meeting examined opportunities which align with the current policy agenda in this space, notably the Ministry of Justice (MoJ) Action Plan in response to the Criminal Justice Joint Inspection (CJJI): *Neurodiversity in the Criminal Justice System, A Review of Evidence*[iv], which was published in June 2022.

The following sets out proposed solutions in-line with the previously identified challenges.

Report initiated and funded by Takeda.

Challenge and additional insight	Proposed Solutions
No specific training is given to prison officers on ADHD and there is little professional awareness of neurodiversity	**NSMs should be aware that ADHD is one of the most highly prevalent of the neurodiverse conditions.** Specifically, neurodiversity support managers (NSM) should be responsible for the following within prisons: › Work with in-prison health services to support identification of offenders with ADHD and an understanding of the different ways in which it can present › Be the point of contact for access to appropriate care and support as required at each stage of the pathway › Provide support, advice and upskilling of ADHD for prison officer colleagues › Work closely with mental health teams and probation services to support the transition out of prison *The role of the NSM is to raise awareness of neurodiversity in prison and help strengthen approaches for identifying and supporting those with neurodivergent needs. This includes supporting prisoners in accessing and engaging in education, skills and work programmes in the prison. It is a commitment from the 2021 Prisons Strategy White Paper and is expected to be rolled out to every prison by 2025.*[i] **The centrally based neurodiversity team should support local offender facing teams in awareness and identification of ADHD, including training on the subtypes of ADHD and how they present (e.g. combined subtype, inattentive subtype and hyperactive-impulsive subtype).** › This can be built into the current Five-Minute Intervention (FMI) training › Training for prison staff should be offered by specialist mental health teams and neurodiversity managers as appropriate
Prisoners with ADHD are not consistently identified *Prisoners are at high risk of suicide within the first 7 days*[ii]*. It is critical for ADHD and other neurodiverse conditions to be recognised, with appropriate support and care to be provided. Mandatory screening can contribute to the broader effort of preventing risk and harm*	**ADHD screening should be undertaken for all offenders within the second-stage health assessment, which takes place after the first 7 days of entering prison** › Mental health nurses should lead the screening assessment, after having received specific training on ADHD. Any notes or concerns that were made as part of initial screening upon contact with the offender should be included within this assessment › Screening tools have been developed, including free-to-use questionnaires, which should be implemented as standard across prisons. If the screen is positive, the individual should be referred for a full diagnostic assessment by a trained healthcare professional *This would build upon the Current View practitioner questionnaire, which captures information on four components. 1) provisional problem descriptors 2) selected complexity factors 3) contextual problems 4) EET (education, employment, training) difficulties.* **Neurodiversity pathways within prison settings and into probation should be integrated into existing mental health pathways and supported by members of in-prison health teams, such as psychiatrists and nurses who have received specific ADHD training**

Challenge and additional insight	Proposed Solutions
Current lack of an appropriate and coherent care pathway within prisons and into the community	**Prior to the offender's release, prison mental health teams, the neurodiversity manager or RECONNECT Care After Custody team should engage with local primary care services to ensure continuity of care on release from prison. Continuity of care plans should be documented in the resettlement passport.** **Prior to release, people should be registered with a GP and these local services must have full visibility of their ongoing care plan.** **For individuals with comorbidities, e.g. substance misuse, people should be enrolled onto the enhanced RECONNECT programme to ensure appropriate continuity of care**[v]**.** Specifically, neurodiversity support managers (NSM) should be responsible for the following within prisons: › ADHD should be included on the RECONNECT Care After Custody programme, supported by an expanded role for probation services ensuring proper oversight of the process of transfer back into primary care[iii] › Local shared care agreements must be in place between GPs and ADHD specialist services, to enable provision of ADHD care and medication through primary care services. Local ADHD services and GPs should be involved in the resettlement plans for patients › RECONNECT colleagues should meet individuals prior to release to confirm that offenders are registered with a GP. RECONNECT workers should provide support for offenders to engage with community mental health teams › A member of staff from RECONNECT should offer to accompany or meet the former prisoner at their first GP appointment on release *RECONNECT is a care after custody service that seeks to improve the continuity of care of vulnerable people leaving prison or an immigration removal centre (IRC). This involves working with them before they leave to support their transition to community-based services, thereby safeguarding health gains made whilst in prison or an IRC.*[iii]
Patients are unable to easily access treatment in the wider community upon release	**Release planning must be implemented for all individuals for up to 12 weeks prior to release in order to prevent a break in ADHD medication** Specifically, neurodiversity support managers (NSM) should be responsible for the following within prisons: › RECONNECT workers should support the development of offenders' resettlement passport to secure continuity of care on release › The resettlement passport should include details of the continuity of care support for all patients leaving prison. Primary care services should have sight of the resettlement passport plans for continuity of care and ongoing ADHD support to ensure there is alignment between all parts of the system *The personalised 'passport' currently includes support in obtaining documents for work, such as CV, identification and a bank account as well as contacts of vital support services in the community.*[i] *If ADHD medication is stopped, the patient will require a series of appointments to re-titrate medication back to a therapeutic dose. There are currently substantial waiting lists for appointments*[vi]*.*