

Expert testimony to inform NICE guideline development

Section A: Developer to complete

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Role:	academic
Institution/Organisation (where applicable):	University of Exeter
Contact information:	
Guideline title:	<i>Mental health of adults in contact with the criminal justice system - identification and management of mental health problems and integration of care for adults in contact with the criminal justice system (MH in CJS).</i>
Guideline Committee:	<i>Mental health of adults in contact with the criminal justice system - identification and management of mental health problems and integration of care for adults in contact with the criminal justice system (MH in CJS).</i>
Subject of expert testimony:	Traumatic Brain Injury
Evidence gaps or uncertainties:	Research questions or evidence uncertainties that the testimony should address are summarised below
The role of Traumatic Brain Injury in Crime and in mental health issues in offenders and the management of TBI and comorbid conditions.	

Section B: Expert to complete

Summary testimony:	[Please use the space below to summarise your testimony in 250–1000 words. Continue over page if necessary]
<p>Traumatic Brain Injury (TBI) is highly prevalent in adult and young offenders in custody. And linked to earlier, more violent, offending. With more than half of offenders with some degree of TBI - and 1 or 2 in 10 with moderate to severe TBI. Such findings are consistent across jurisdictions and countries.</p> <p>TBI is linked to mental health problems, drug misuse, and to greater risk of self-harm and suicidality. New systems for management have been developed. In the Youth Secure Estate in England and Wales screening tools are used. Which also assess for other common neuro-disabilities (e.g. ADHD, Autism etc.). Such assessments can influence care planning and offender management.</p> <p>Reoffending costs up to £13 billion PA to UK taxpayers. A report from Centre for Mental Health will describe that a TBI in childhood is linked to doubling of risk of persisting crime across the lifetime. TBI is therefore a factor that may account for</p>	

significant government costs.

We argue that earlier, better, targeted intervention and support may reduce such economic and social burden. With colleagues we have undertaken preliminary studies of how such issues can be managed – such as through linkworkers in prison. Research is needed to elucidate the way in which such interventions may work in offenders given co-morbidity of Mental health issues, social issues (homelessness etc.) and drug factors.

References to other work or publications to support your testimony' (if applicable):

Overview to links between TBI and Crime:

http://www.barrowcadbury.org.uk/wp-content/uploads/2012/11/Repairing-Shattered-Lives_Report.pdf

Overview to elevated levels of Neurodisability in young people in custody:

<http://www.childrenscommissioner.gov.uk/publications/nobody-made-connection-prevalence-neurodisability-young-people-who-offend>

Summarised in the attached report – the process of neurorehabilitation, the evidence base for the effect of NR on cognition and behaviour, and case examples of use of Linkworkers informed by NR in prisons:

http://www.barrowcadbury.org.uk/wp-content/uploads/2016/07/Disability_Trust_linkworker_2016Lores.pdf

Report on the economic cost of TBI and on crime due to TBI:

<https://www.centreformentalhealth.org.uk/traumatic-brain-injury>

Expert testimony papers are posted on the NICE website with other sources of evidence when the draft guideline is published. Any content that is academic in confidence should be highlighted and will be removed before publication if the status remains at this point in time.