

ADHD in prisons: treat the offenders, reduce the crime

THE PRISON POPULATION ACROSS EUROPE HAS A HIGH PROPORTION OF OFFENDERS WITH ADHD, BUT MOST OF THEM ARE UNDIAGNOSED. ACCORDING TO FORENSIC CLINICAL PSYCHOLOGIST PROFESSOR SUSAN YOUNG THE CRISIS LIES IN THE FACT THAT ADHD IS A TREATABLE CONDITION THAT REDUCES THE CRIME RATE AS WELL AS CONFERRING HEALTH GAIN, BUT LITTLE IS BEING DONE TO MANAGE IT.

A few years ago, Susan Young, a forensic clinical psychologist treating patients with attention deficit hyperactivity disorder (ADHD), became puzzled that some of her patients seemed to drop out of clinic only to reappear a couple of years later. As this pattern repeated itself, she discovered that many of these patients had spent the interim in prison, usually for relatively small offences – often opportunistic, impulsive crimes.

Intrigued by the relationship of these patients' mental disorders and their history of repeat offending, the Professor of Forensic Clinical Psychology and Forensic R&D Director at the West London Mental Health Trust began a research endeavour that has revealed a remarkably strong association between ADHD and offending. In fact, as this and other data from similar research groups accumulates, governments around Europe are beginning to sit up and take notice of the implications of this work: that both crime rates and health could benefit from treating offenders with the condition.

ADHD develops in childhood and is characterised by inattention, impulsivity and hyperactivity. For two-thirds of children, the condition persists into adulthood causing a degree of impairment. Frequently, very high rates of comorbidity occur, including conduct disorders, mood disorders, and anxiety. Hyperactivity is often lost with age, but can be replaced by a degree of restlessness. "With adults, emotional lability is more pronounced and many people recog-

nise this as the fourth symptom of ADHD," explained Professor Young.

The prevalence figures speak loud and clear: in the general population, 5% of children have ADHD—roughly equating to a child in every classroom. In adults, the pooled prevalence is 2%. By contrast, in prisons, the proportion of offenders with ADHD is strikingly higher than the general population.

A 2014 meta-analysis conducted by Professor Young and colleagues showed that 30% of youths and 25% of adults in prison had ADHD. "Compared to the general population rate, this is over a 5-fold and 10-fold increase respectively," she emphasised. She also commented on the gender split, in particular highlighting the proportion of females with ADHD. "The ratio we see in the general population of around four males to one female is not represented in prison, where it is 26% male and 18% female. Whatever usually operates to keep females without ADHD out of prison isn't happening for females with ADHD."

Taking action

Professor Young and her colleagues are now taking these findings from the research arena to the political. With the aid of Lord

David Ramsbotham, former Chief Inspector of Prisons for England and Wales, and the UK ADHD Partnership [UKAP], Professor Young has lobbied Parliament to change the way ADHD is managed in offenders. Central to her argument is the

fact that many cases of ADHD are treatable. "The key message and difference between ADHD and other neurodisabilities is that there is an effective treatment available," said Professor Young.

Recognition and diagnosis of ADHD as distinct from other mental disorders is essential for progress to be made. "Our stud-

ies have found that people with ADHD are associated with a greater number of aggressive incidents in prison. These people get into trouble due to their volatility, they struggle to control their behaviour in the institutional setting, and therefore lose the opportunity of early release," she continued.

"What is so striking to me is that we are the ones actually entering the prison and diagnosing ADHD, because these offenders do not have an existing diagnosis. I've seen this time and time again. Also, many are being misdiagnosed because they are presenting to prison healthcare for mood problems or distress, but it is not recognised as ADHD."

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Standard practice in the UK requires that as offenders enter prison they are screened for health conditions. Working with colleagues in Manchester, Professor Young has developed an ADHD prison reception screen which has been included in the CHAT (Comprehensive Health Assessment Tool) assessment for young people in the youth justice system. The questionnaire is currently being piloted in the UK.

Training of healthcare professionals working with offenders is essential. "Healthcare practitioners and allied professionals working in the criminal justice system need to be trained to develop confidence in recognising and managing offend-

ers with ADHD. The UKAP and the UK Adult ADHD Network [UKAAN] regularly run training courses that will be helpful," Professor Young pointed out. "I think there is some anxiety about the sheer numbers of those with ADHD overwhelming the system, so we need to work on training and supporting with shared care protocols."

One offending behaviour intervention is the Reasoning & Rehabilitation (R&R) programme, which has a follow-up version (R&R2) that Professor Young developed with the original programme author Professor Bob Ross, specifically for youths and adults with ADHD. These programmes have a growing international evidence



Susan Young, Professor of Forensic Clinical Psychology and Forensic R&D Director at the West London Mental Health Trust want prisoners tested for ADHD

base from their roll-out in Europe, North America and Asia. "We've seen a significant improvement in symptoms, anger, violent attitudes, locus of control, emotional control and other key factors associated with violent and anti-social behaviours," commented Professor Young.

But she emphasised the need for early recognition and intervention as a way of steering young people towards a more positive pathway, highlighting that research has shown that it is never too late to intervene. However, reflecting the reality of any publicly-funded treatment programme, Professor Young acknowledged that health-economic analyses were essential to determine the costs that could be saved within the criminal justice system.

"Sadly, it seems that services are not motivated to confer health gain for offenders with ADHD, so we need to talk the language of money. The criminal justice system needs to wake up to the huge potential savings that can be made if offenders with ADHD are diagnosed and treated."

One Swedish study reported a reduction in the crime rate of just over one-third when offenders were taking ADHD medications. "At the moment youths are moving from classroom to courtroom; with the right treatments we can get them out of prison and into gainful employment."

Professor Young is in the process of performing these cost analyses. "I estimate that over a decade, the prison system could save around £2 billion by identifying and treating offenders with ADHD."