

**The Royal College of Speech and Language Therapy Submission to the Public  
Accounts Committee: Mental Health in Prisons**

**1. Executive Summary**

1.1 The Royal College of Speech and Language Therapists (RCSLT) is delighted to provide a submission to the Public Accounts Committee.

1.2 There is a high prevalence of speech, language and communication needs, and of swallowing needs, amongst people in the criminal justice system. Given the links between those needs and mental health, and the impact of them on a person's ability to access and benefit from verbally mediated treatment programmes and to eat and drink safely, it is essential that the criminal justice system is able to identify and support communication and swallowing needs.

**2. Speech, Language and Communication Needs in the Criminal Justice System (SLCN)**

2.1 66-90% of young offenders have low language skills. 46-67% of these are in the poor or very poor range.<sup>1</sup>

2.2 Half (51%) of people entering prison have been assessed as having literacy skills expected of an 11 year old — over three times higher than in the general adult population (15%).<sup>2</sup>

2.3 Those who enter the criminal justice system often do so from settings where there is a heightened risk of people having communication needs which may not have been previously identified. For young people these include being in care, excluded from school, referred to a community youth offending team, referred to Children and Adolescent Mental Health Services, a drug rehabilitation scheme, or having emotional or behavioural problems. For adults these include being unemployed, in touch with mental health services, being in care or having a special school history.<sup>3</sup>

2.4 People with communication needs can find it difficult to express their emotions and often communicate through behaviour. This can lead to offending behaviour, behaviour leading to restraint, and delays to their release from custodial settings.

**3. SLCN associated with other conditions**

3.1 A significant number of conditions prevalent amongst prisoners in both the youth and adult estates may also lead to SLCN.<sup>4</sup> These include mental health problems and neurodevelopmental conditions.<sup>5</sup>

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<sup>1</sup> Bryan K, Freer J, Furlong C (2007) Language and communication difficulties in juvenile offenders. *International Journal of Language and Communication Disorders*, 42, 505-520.

<sup>2</sup> Figure 1.1, Department for Business Innovation and Skills (2012) The 2011 Skills for Life Survey: A Survey of Literacy, Numeracy and ICT Levels in England, London: BIS.

<sup>3</sup> Bryan et al (2015) Language difficulties and criminal justice: the need for earlier identification, *International Journal of Language and Communication Disorders*, 50, 763-775.

<sup>4</sup> Underwood, L, Forrester, A, Chaplin, E, & McCarthy, J (2013) Prisoners with neurodevelopmental disorders *Journal of Intellectual Disabilities and Offending Behaviour*, 4(1), 17-23. Chitsabesan, Prathiba, et al (2006) Mental health needs of young offenders in custody and in the community *The British Journal of Psychiatry*; 188.6: 534-540. Lader D, Singleton, N, Meltzwer, H (2000) Psychiatric morbidity among young offenders in England and Wales. Teplin, L A, et al (2002) Psychiatric disorders in youth in juvenile detention *Archives of general psychiatry*; 59.12: 1133-1143.

<sup>5</sup> Hughes, N (2012) Nobody made the connection: The prevalence of neurodisability in young people who offend.

- 3.2 20-30% of people in prison are estimated to have learning disabilities or difficulties that interfere with their ability to cope with the criminal justice system.<sup>6</sup>
- 3.3 80% of prisoners with learning disabilities or difficulties report having problems reading prison information – they also had difficulties expressing themselves and understanding certain words.<sup>7</sup>
- 3.4 There is a complex interrelationship between speech, language and communication and dysphagia (swallowing disorders) and emotional, behavioural or psychiatric disorders.<sup>8</sup>
- 3.5 Specific mental health conditions can have communication and eating/swallowing difficulties associated with them. These include depression, schizophrenia, dementia, and psychosis. Conversely, communication difficulties associated with neurodevelopmental conditions or damage to the nervous system, such as aphasia, dyspraxia, autism spectrum disorders, learning disabilities, and attention deficit disorders can affect mental health, commonly in the form of anxiety or depression.<sup>9</sup>
- 3.6 Prisoners with learning disabilities or difficulties are almost three times as likely as other prisoners to have clinically significant anxiety or depression, and most were both anxious and depressed.<sup>10</sup> These conditions can impact on interpersonal communication and engagement in verbally mediated activity.
- 3.7 25% of women and 15% of men in prison reported symptoms indicative of psychosis.<sup>11</sup>
- 3.8 The extent of mental health problems in the adult prison population is evidenced by the rise in suicide rates. 2016 saw a record 119 self-inflicted deaths, up 32% on 2015 and a doubling since 2012.<sup>12</sup>

#### **4. The impact of unidentified and/or unmet communication and swallowing needs**

- 4.1 Communication skills are fundamental and foundational. They are not simply expressive skills (our ability to make ourselves understood), but also receptive (our ability to understand).

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<sup>6</sup> Loucks, N (2007) No One Knows: Offenders with Learning Difficulties and Learning Disabilities. Review of prevalence and associated needs, London: Prison Reform Trust.

<sup>7</sup> Talbot, J (2008) Prisoners' Voices: Experiences of the criminal justice system by prisoners with learning disabilities and difficulties, London: Prison Reform Trust

<sup>8</sup> Beitchman, J (2006) Language development and its impact on children's psychosocial and emotional development. Encyclopedia of Language and Literacy Development, 1-7. Bryan, K & Roach, J (2001) Assessment of speech and language in mental health, in France, J & Kramer, S (eds), *Communication and mental illness*, London: Jessica Kingsley. National Schizophrenia Centre 2008. Law, J & Plunkett, C (2009) The interaction between behaviour and speech and language difficulties: does intervention for one affect outcomes in the other? Technical Report, Nuffield Speech and Language Review Group. Stavrakaki, C. H. R. I. S. S. O. U. L. A (1999) Depression, anxiety and adjustment disorders in people with developmental disabilities, *Psychiatric & Behavioural Disorders in Developmental Disabilities & Mental Retardation*: 175-187. Walsh, I et al. (2007) A needs analysis for the provision of a speech and language therapy service to adults with mental health disorders, *Irish Journal of Psychological Medicine* 24(3), 89 – 93. Bazemore, P H, Tonkonogy J, Ananth R (1991) Dysphagia in psychiatric patients: clinical and videofluoroscopic study *Dysphagia* 6.1: 2-5. Hussar A E, Bragg D G (1969) The effect of chlorpromazine on the swallowing function in chronic schizophrenic patients *American Journal of Psychiatry* 126.4: 570-573. Regan, J et al (2006). Prevalence of dysphagia in acute and community mental health settings *Dysphagia*, 21(2), 95-101. Fine, J (2005) Language in psychiatry: a handbook of clinical practice. London, U.K. Equinox Textbooks & Surveys in Linguistics.

<sup>9</sup> Ibid

<sup>10</sup> Talbot et al 2008.

<sup>11</sup> Ministry of Justice (2013) Gender differences in substance misuse and mental health amongst prisoners.

<sup>12</sup> Safety in Custody Statistics Bulletin (2017) Ministry of Justice.

- 4.2 Communication disorders are often hidden and difficulties with comprehension can be overlooked.
- 4.3 If these difficulties remain unidentified or unmet, they can have negative consequences for both people's ability to access and engage with the justice system; and for those working in the justice system to be able to recognise and respond appropriately to people's individual needs.
- 4.4 People with communication needs will have limited understanding of, and participation in, the legal process, and programmes designed to reform and rehabilitate them which are verbally mediated. This has consequences for reoffending. In addition, if their communication needs are not identified and supported, they are also at risk of not being able to participate in verbally mediated physical and mental assessments, including suicide prevention interventions.
- 4.5 Around 40% of young offenders find it difficult or are unable to access and benefit from rehabilitation programmes that are delivered verbally, such as drug rehabilitation courses.<sup>13</sup>
- 4.6 Approximately a third of young offenders have speaking and listening skills below the tested level of an 11 year old<sup>14</sup> and are unable to access education and treatment programmes due to their poor language and literacy skills.
- 4.7 People with communication needs are at risk of not being able to give an effective defence which may result in miscarriages of justice.
- 4.8 Left unsupported, swallowing problems have potentially life-threatening consequences.
  - They can result in choking, pneumonia, chest infections, dehydration and malnutrition.
  - They can also result in avoidable hospital admission and in some cases death. Such problems are associated with a range of conditions, including learning disability, brain injury, stroke, and progressive neurological conditions including dementia. They can also be associated with the use of anti-psychotic drugs.

## **5. About the Royal College of Speech and Language Therapists**

5.1 The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists- working in the UK. The RCSLT currently has almost 17,000 members. We promote excellence in practice and influence health, education, employment, social care and justice policies.

## **6. About Speech and Language Therapists**

6.1 Speech and Language Therapists assess and treat speech, language and communication problems in people of all ages, including children and young people, to help them communicate better. Using specialist skills, SLTs work directly with young people, their families, and other professionals to develop personalised strategies which support people with speech language and communication needs (SLCN), including providing alternative and augmentative communication aids.

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<sup>13</sup> Bryan, K (2004) Prevalence of speech and language difficulties in young offenders. *International Journal of Language and Communication Disorders*; 39, 391-400.

<sup>14</sup> Davies E, et al Exploring the benefits and risks of intermediary models, Questioning child witnesses, September 2011.

6.2 Speech and language therapists also provide training to the wider workforce and develop strategies so that they can improve the communication environment of young people with SLCN, identify the signs of SLCN and provide effective support.

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