

emotional & nervous-system  
dysregulation as a driver of  
offending behaviour and NHS  
healthcare demand



*NHS Board Briefing – Embedding Social Prescribing within Clinical Pathways*

# 1. strategic framing

- Emotional and nervous-system dysregulation is a core driver of offending behaviour and high-cost NHS utilisation.
- Justice-involved individuals are often shaped by maladaptive environments (care settings, custodial environments, unstable housing, deprivation).
- Environment does not simply contain behaviour – it conditions physiology.
- Rehabilitation must therefore include structured re-exposure to healthy, regulated environments.

## 2. the clinical mechanism

- Chronic sympathetic activation impairs executive function.
- Heightened threat perception suppresses planning and impulse control.
- Substance use and risk-taking behaviour often function as attempts at self-regulation.
- Without restoring regulation capacity, both offending behaviour and healthcare disengagement persist.

# 3. why social prescribing must move from lifestyle to clinical infrastructure

- Social prescribing is currently framed as a lifestyle adjunct.
- For justice-involved populations, it should be embedded as a rehabilitation mechanism.
- When a patient has contact with the criminal justice system, nervous-system regulation should become part of their clinical pathway.
- Social prescribing should sit alongside medication and psychological therapies – not after them.

# 4. embedding social prescribing into clinical pathways

- Flag justice-system contact within primary care records as a trigger for enhanced social prescribing referral.
- Integrate link workers directly into probation and community justice settings.
- Make structured community engagement a core element of rehabilitation plans (health and offending).
- Ensure referral pathways are proactive, not passive signposting.

# 5. community-based regulation environments

- Peer-led drug and alcohol recovery groups.
- Structured walking groups in open spaces to reduce isolation and retrain stress responses.
- Group physical activity focused on regulation, not performance.
- Community gardening initiatives (e.g., intergenerational projects supporting elderly residents).
- Local area improvement or environmental clean-up groups.
- Activities that reconnect individuals with their bodies, open space, and pro-social peer networks.

## 6. why environment matters

- Many justice-involved individuals have lived in environments that reinforced threat, instability, and dysregulation.
- Healthy peer-controlled environments provide co-regulation and visible help-seeking.
- Open spaces and embodied activity reduce hypervigilance and improve distress tolerance.
- Community-rooted engagement reduces isolation – a known amplifier of crisis healthcare use.

## 7. system impact

- Improved emotional regulation and impulse control.
- Improved GP engagement and medication adherence.
- Reduced crisis mental health presentations.
- Reduced A&E utilisation linked to substance misuse and violence.
- Cross-system benefits: reduced reoffending and reduced NHS demand.

## 8. strategic position

- This is not lifestyle enhancement.
- It is preventative infrastructure operating at the level of physiology.
- Embedding social prescribing into justice-informed clinical pathways provides a scalable mechanism for upstream demand reduction.

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