

Prevalence of Dementia and Community Reintegration Needs among Older People in Custody

Dr. Bryce E. Stoliker,* Dr. Ashmini G. Kerodal, Dr. Lisa M. Jewell, Kelsey Brown, Dr. Arlene Kent-Wilkinson, Dr. Shelley Peacock, Dr. Megan E. O’Connell, & Dr. J. Stephen Wormith

INTRODUCTION

Across several high-income countries, the number of older people in custody has been increasing (Brooke et al., 2020)—largely attributed to population aging, more crimes and arrests later in life, and strict sentencing legislation (Barry et al., 2017; Blowers & Blevins, 2015)—which presents challenges for correctional systems due to the complex social, medical and mental health needs of this subgroup. Indeed, older people in custody show high rates of physiological problems and a notable proportion are living with one or more psychiatric issues (Stoliker & Galli, 2019), including neurocognitive issues such as dementia (Brooke et al., 2020). Although people in custody are at increased risk for dementia, due to the varied health and social challenges experienced by this population (Peacock et al., 2019), there remains a lack of knowledge on the nature of dementia in correctional settings. There is also limited understanding of the nature and quality of supports provided to incarcerated older adults during community reintegration and living (Colibaba, 2019).

OBJECTIVES

There is limited research on the social, medical and mental health needs of older people in custody and the extent to which these needs are being met (Stoliker & Galli, 2019), especially concerning cognitive impairment, dementia and dementia-related conditions (Brooke et al., 2020; Maschi et al., 2012; Peacock et al., 2019). The present study aimed to address this gap, investigating the extent to which older people in custody are (a) potentially living with dementia and (b) receiving appropriate supports/services (particularly, with respect to community reintegration).

METHOD

Setting

- Between April and August 2019, a cross-sectional study was conducted to assess dementia and other age-related needs of older people in custody at a forensic psychiatric hospital in a medium-sized Canadian city (with 345 staff members and 171 beds).

Participants

Older People in Custody (N = 29) ¹	Correctional Health Care Professionals (N = 20) ²
<ul style="list-style-type: none"> Mean Age = 59 years (SD = 8.67) Female = 3.4% Indigenous Status = 55.2% 	<ul style="list-style-type: none"> Mean Age = 37 years (SD = 11.36) Female = 90% Indigenous Status = 10%

¹ Any non-Indigenous individual aged 50 years and older or any Indigenous individual aged 45 years and older.
² Social Workers (8) and Primary Nurses (12) with older individuals on their caseloads.

Measures

- Dementia:** Modified version of the Community Screening Instrument for Dementia (CSI'D')—originally developed by Hall et al. (1993, 2000)—to capture risk of dementia.
- Discharge Planning/Community Reintegration:** Several items captured correctional health care professionals’ perception of older individuals’ discharge needs and the importance of various supports for community reintegration.
- Health Staff Training:** Several items captured correctional health care professionals’ perception of training needs to adequately manage older individuals on their caseload.

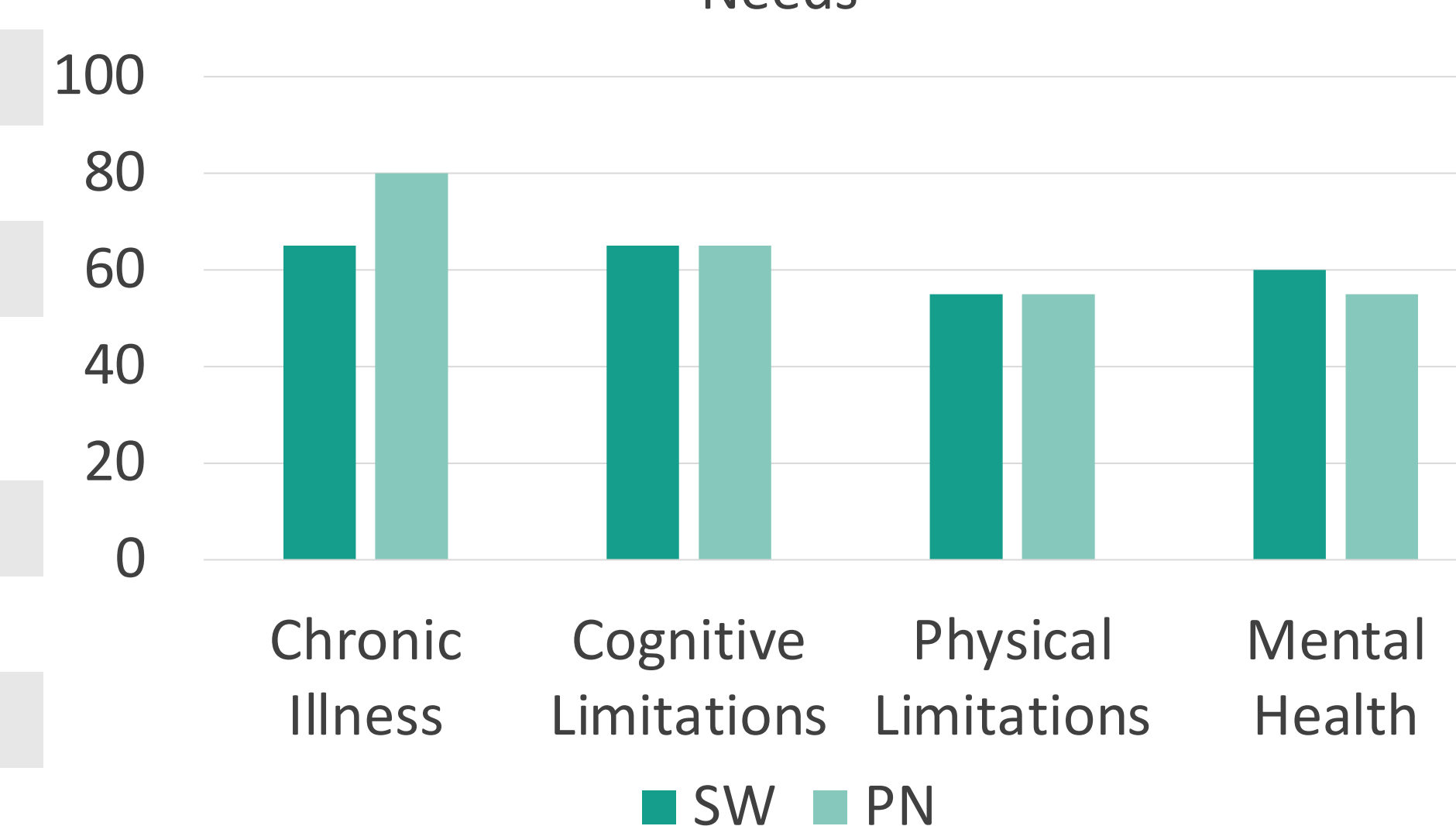
RESULTS

- Among the 29 older people in custody who were screened for dementia, scores from the modified CSI'D' suggest that 45% (n = 13) screened positive for risk of dementia (indicating need for further clinical dementia assessment).
- Social Workers (SW) and Primary Nurses (PN) reported that older individuals on their caseload have several discharge needs (Figure 1) and require varying supports for successful community reintegration (Table 1). In addition, many SWs and PNs reported they had not received adequate training to manage individuals with dementia (95%) or to generally support older individuals on their caseload (60%).

Table 1. % of SW and PN Endorsing Supports for Reintegration (Selected Results)

Supports	SW, % (n)	PN, % (n)
Transitional Housing	69 (11)	75 (12)
Employment	56 (9)	62 (10)
Financial	81 (13)	100 (16)
Health	94 (15)	100 (16)
Medical Benefits	100 (16)	100 (16)
Medication Administration	88 (14)	100 (16)
Mental Health	94 (15)	100 (16)
Addiction Support	75 (12)	56 (9)
Cognitive Support	31 (5)	44 (7)
Family Reunification	81 (13)	75 (12)

Figure 1. % of SW and PN Endorsing Discharge Needs



CONCLUSION

A substantial number of older people in custody may experience age-related challenges, including dementia. With the trend towards an aging correctional population, coupled with the potential risk of dementia and other age-related challenges among older people in custody, there is a need for correctional services to develop and implement programming to promote the well-being of this vulnerable subgroup (Brooke et al., 2020; Peacock et al. 2019) both during incarceration and community reintegration and living.

REFERENCES

Barry, L. C., Wakefield, D. B., Trestman, R. L., & Conwell, Y. (2017). Disability in prison activities of daily living and likelihood of depression and suicidal ideation in older prisoners. *International Journal of Geriatric Psychiatry, 32*, 1141–1149.

Blowers, A. N., & Blevins, K. R. (2015). An examination of prison misconduct among older inmates. *Journal of Crime and Justice, 38*(1), 96–112.

Brooke, J., Diaz-Gil, A., & Jackson, D. (2020). The impact of dementia in the prison setting: A systematic review. *Dementia, 19*(5), 1509–1531.

Colibaba, A. (2019). *Community reintegration of aging offenders: Gaps in knowledge report*. Trent Centre for Aging & Society, Trent University.

Hall, K. S., Gao, S., Emsley, C. L., Ogunniyi, A. O., Morgan, O., & Hendrie H. C. (2000). Community screening interview for dementia (CSI 'D'): Performance in five disparate study sites. *International Journal of Geriatric Psychiatry, 15*(6), 521–531.

Hall, K. S., Hendrie, H. H., Brittain, H. M., & Norton, J. A. (1993). The development of a dementia screening interview in two distinct languages. *International Journal of Methods in Psychiatric Research, 3*, 1–28.

Maschi, T., Viola, D., & Sun, F. (2012). The high cost of the international aging prisoner crisis: Well-being as the common denominator for action. *The Gerontologist, 53*(4), 543–554.

Peacock, S., Bures, M., Hodson, A., Kumaran, M., MacRae, R., Peternej-Taylor, C., & Holtlander, L. (2019). Older persons with dementia in prison: An integrative review. *International Journal of Prisoner Health, 16*(1), 1–16.

Stoliker, B. E., & Galli, P. (2019). An examination of mental health and psychiatric care among older prisoners in the United States. *Victims & Offenders, 14*(4), 480–509.