

Dementia in Prisons and Implications for Discharge: An Assessment of Older Offenders' Needs in a Canadian Psychiatric Prison

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Background

In recent years, the population of Canadians aged 65 and over has increased considerably. With this, the prevalence of dementia has also increased considerably. In 2016, the Alzheimer's Society estimated that there were 564,000 Canadians living with dementia. This number is expected to increase to approximately 937,000 by 2031. Research has also shown that patients with dementia demonstrate impairments in making moral and rational judgements, as well as a decline in social cognition, which may lead to contact with the criminal justice system with this typically low-risk age group.

Within Correctional Service Canada (CSC) institutions, about 24.1% of offenders are aged 50 and over, with 4.5% representing those over 65 years of age. Still, dementia rates within the Canadian system are unknown and there are limited programs in place to accommodate older offenders, despite the growing population (CSC, 2016)

Study Objectives

Research Questions

- To what extent do the Regional Psychiatric Centre (RPC) health service workers agree that older inmates under their mutual care have dementia, whereby older inmates include:
 - Non-Indigenous inmates age 50+
 - Indigenous inmates age 45+
- To what extent is CSC accommodating dementia in older offenders within the facility?
- To what extent is CSC accommodating other age-related problems for older offenders within the facility?
- To what extent is CSC accommodating older offenders in discharge planning?
- What training does CSC offer to Parole Officers (POs), Social Workers (SWs) and Primary Nurses (PNs) to accommodate older offenders?

Methodology

Method and Participants:

- Self-administered paper surveys distributed to RPC staff
 - Primary Nurses with Older Offenders on their caseloads
 - Offender cognitive, physical and mental state; and discharge needs
 - Staff training needs for working with older offenders
 - Social Workers with Older Offenders on their caseloads
 - Offender cognitive, physical and mental state; institutional programming; discharge plan; and discharge needs
 - Staff training needs for working with older offenders
 - Parole Officers in the Regional Psychiatric Centre with older offenders on their caseload in the past two (2) years
- Data Collection Procedure:** Survey packages were delivered to RPC Team leads in May 2019, who distributed packages to PNs, SWs and POs in their Unit. Survey packages included a cover letter, information sheet, survey, and a return envelope. Thank you/reminder emails were sent in June and July 2019.
- Response Rate:**
 - PNs: 67% (12/18); SW: 100% (8/8); POs: 29% (2/7).
 - PN and SW opinion provided for 20 inmates (PN opinion not provided for nine eligible inmates; these inmates were dropped from the analysis).

Results

Demographics

	RPC Staff (N=22)	Inmates (N=20)
Gender		
Female	91%	5%
Age		
Minimum	22 years	46 years
Mean	38 years	60 years
Maximum	58 years	80 years
Race – Indigenous	6%	60%
Education		
Minimum		2 nd grade
Mean		Grade 9
Maximum		College Degree

Staff Perceptions of Older Offenders' Discharge Needs

	Primary Nurse	Social Worker	Chi-Square
Dementia & Age-Related Needs (N=20)			
Dementia suspected	25%	35%	12.381***
Cognitive limitations	60%	65%	4.432*
Physical limitations	65%	75%	0.73
Discharge Needs (N=14)			
Transitional housing	79%	79%	0.321
Social housing	77%	54%	0.258
Permanent supportive housing	60%	73%	0.634
Employment	69%	69%	5.306*
Financial	100%	80%	n/a
Health Services	100%	100%	n/a
End of life care	15%	23%	7.879**
Medical benefits	100%	100%	n/a
Medication administration	100%	100%	n/a
Mental health	100%	100%	n/a
Psychiatric	100%	100%	n/a
Addiction support	64%	86%	4.200*
Cognitive supports/services	50%	36%	0.311
Mobility	43%	43%	2.431
Caregiver for offender	29%	57%	0.729
Family reunification support	73%	87%	0.839
Cultural	50%	86%	2.333
Legal	64%	50%	0.311
Meal support	50%	100%	n/a

* p < .05; ** p < .01; *** p < .001

Summary of Results

- Programming was not designed for aging individuals
- Dementia, cognitive impairments, physical limitations, mental health, and chronic illnesses seemed to be problematic for all older offenders, independent of race
- SWs and PNs most often disagreed that discharge plans should consider:
 - End of life care
 - Addiction support
- Discharge planning for older offenders focused on:
 - Health services
 - Mental health & psychiatric services
 - Medical benefits & medication administration services
- Majority of staff had not received specialized training
 - 4.5% received dementia training
 - 4.5% received specialized training on older offenders (not-dementia specific)
- Many (67%) felt that they needed more training to better support this population

Discussion

- Dementia and cognitive impairments seem to be relevant issues for the RPC population of aging offenders.
- It is possible that actual diagnosis rates may differ.
- PNs and SWs may not be properly trained in recognizing dementia.
- Disagreement may be a result of:
 - lack of training
 - lack of communication between the two professionals
 - age stereotype
- Failure to identify dementia and cognitive impairments may have a significant impact on the offender's care within and outside of the institution
- There is a lack of programming for older offenders in RPC.
- Programs in RPC and in the community may not be accessible to this population.
- A lack of specialized training, coupled with a growing population of elderly offenders, may affect:
 - quality of life in prison
 - access to appropriate health and mental health care
 - a lack of appropriate planning for release
 - recidivism rates

Recommendations

Based on these results, 6 recommendations are provided to RPC staff and policy makers:

- Increase training for PNs, SWs and POs in recognizing dementia and supporting older offenders
- Prioritize creating a validated screening tool for dementia and cognitive impairments
- Increase data sharing and communication between PNs, SWs, and POs.
- Provide appropriate support for aging offenders to access programs (e.g., walkers, glasses, hearing aids, etc.).
- Streamline discharge planning specifically for older offenders.
- Examine the prevalence of dementia and accommodation of older offenders on a larger scale.

Limitations

- Dementia classification is based on 'perceived' rather than 'diagnosed' dementia.
- Low response rates for POs and PNs; PNs response rate was likely due to problems caused by nurses' shift system.
- Prison staff must remain situationally aware to safeguard themselves. This affects how they process information while at work and caused confusion with some survey questions.
- Some survey questions were inappropriate for an institutional setting.

References

- Alzheimer's Society (2016). Prevalence and Monetary Costs of Dementia in Canada. Toronto, ON.
- Correctional Service Canada (2016). Older Offenders in the Custody of Correctional Service Canada. Ottawa, ON.

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