Collegian xxx (2017) xxx–xxx

Contents lists available at ScienceDirect

Collegian

journal homepage: www.elsevier.com/locate/coll

Vulnerable prisoners: Dementia and the impact on prisoners, staff and the correctional setting

Sherryl Gaston

School of Nursing Midwifery, University of South Australia, 111 Nicolson Avenue, Whyalla Norrie, 5608, Australia

ARTICLE INFO

Article history:
Received 18 January 2017
Accepted 17 May 2017
Available online xxx

Keywords:
Challenges
Correctional service
Dementia
Prisoner
Vulnerable

ABSTRACT

The aim of this paper is to increase awareness and highlight the need for prisoner's early identification of dementia and recommend support strategies within the Australian correctional setting. The number of older people is increasing within the correctional setting, causing a corresponding increase in the number of prisoners with dementia. These older prisoners are at greater risk of developing cognitive impairment and dementia which increases their vulnerability in the correctional environment including their interactions with both correctional services staff and other prisoners. Correctional settings have not been designed for older prisoners or those with dementia, which poses problems for physical and psychological health. People who have encounters with the criminal justice system are generally in poorer physical and mental health than the general population. Identifying dementia in the early stages provides opportunities to initiate strategies and supports to slow the progression. However being incarcerated increases the likelihood of not being identified with dementia until the later stages of the disease process, which significantly reduces opportunities for early intervention.

Summary or relevance

Problem: Little is known about caring for prisoners with dementia and if early identification provides opportunities to slow its progression.

What is Already Known: Prisons have not been built for older prisoners or those with cognitive impairment and dementia. The number of older prisoners in the correctional setting is increasing and with this is a rise those with dementia.

What this Paper Adds: Recommendations on strategies for management and staff in the correctional setting in relation to early identification and support for prisoners with dementia, also where further research is required to provide a safe environment for both staff and prisoners.

1. Introduction

The number of Australians over the age of 65 years is expected to double by the year 2055. Life expectancy has increased in Australia significantly over the last century, for example in 1900–1910 men had a life expectancy of 55.2 years and women 58.8 years, whereas 2010–2012 the life expectancy for men was 79.9 years and women 84.3 years (Australian Institute of Health and Welfare [AIHW] 2015). The amount of people between the ages 15–64 years has decreased while those 65 years and over is continuing to increase (Australian Government, 2015). The increase in life expectancy is related to developments that have improved education, public safety and health (Australian Government, 2015). This growth in the older population is occurring worldwide and is likely to be accompanied by a rise in chronic diseases including dementia (Turner & Trotter, 2010).

Dementia is a growing challenge for society and is expected to further increase in coming decades (AIHW, 2012). The occurrence of dementia is expected to rise and see a peak in the years 2021–2030 due to the ageing baby boomer population (Access Economics, 2010). In 2010 the prevalence of dementia was identified in 257,000 people and this is expected to rise to about one million people by the year 2050 (Access Economics, 2010; Phillips, Pond, & Goode, 2011).These statistics will see a rise from 1.2% of the Australian population having dementia in 2010–2.8% in 2050 (Access Economics, 2010).

Evidence from the Australian Bureau of Statistics showed an increase of 95% in older prisoners from 2000 to 2012 (Brown, 2014; Goulding, 2013). Correctional facilities are becoming places for older rather than younger adults, and there is now a need to re-think some of the practices and procedures within custodial settings and to rethink how correctional healthcare is provided (Trotter & Baidawi, 2015). This creates difficulties for staff around

E-mail address: sherryl.gaston@unisa.edu.au

http://dx.doi.org/10.1016/j.colegn.2017.05.004
1322-7696/

the need to develop specific management strategies (Brown, 2014). This is especially noticeable with education programs and work opportunities provided in the prison that are tailored for the younger prisoner, with none being offered for the older and sometimes less mobile prisoner (Brown, 2014). Generally older people who have barriers to an active and independent life have an increased need for physical and mental healthcare (Christodoulou, 2012).

Symptoms of dementia developing can include impairment with the person's judgement or reasoning as well as memory and word-finding problems (Feczko, 2014). Another area of impairment is with executive function where higher order behaviour around planning and sequencing are impacted (Feczko, 2014). Prisoners who have dementia become quite vulnerable to victimisation from other prisoners, as well as being unable to comply with directions from correctional services officers (Williams, Stern, Mellow, Safer, & Greifinger, 2012).

1.1. Ageing population and older people in prison

There has been a substantial increase in the number of older prisoners in the Australian correctional setting in the decade to 2010, with an increase of 166% in the over 65 years group being identified (Australian Bureau of Statistics (ABS), 2012; Brown, 2014; Goulding, 2013). This growth in the number of older prisoners is occurring not only in Australia but across the world (Hodel & Sanchez, 2012). Accompanying this increase is a rise in the rate of chronic disease, including dementia, in correlation to the rise in the general population (Brown, 2014; Baldwin & Leete, 2012).

Incarceration increases the risks of health problems caused by isolation, separation from family, exposure to violence and overcrowding (Royal College of Nursing (RCN), 2009; de Viggiani, 2007). Offenders in the criminal justice system are generally in poorer mental and physical health than the wider population, and many have pre-existing health concerns needing more intensive support from correctional healthcare services (Goulding, 2013; RCN, 2009). Therefore if they are not in a correctional facility with special needs programs and support for the older or disabled prisoner, there is the chance victimisation as well as poorer health outcomes will occur.

The age at which a person is defined as 'old' in the correctional setting is about 10 years younger than in the general population, and therefore any prisoner over the age of 50 years falls into the older age category (Atabay, 2009; Brown, 2014). This younger age group encounter age related health problems the same as those in the general population who are 10–15 years older (Brown, 2014; Baldwin & Leete, 2012). Baidawi et al. (2011) attribute the increase in the prison-related ageing process to lifestyle-related influences prior to incarceration, and to the effects of the correctional environment. People who are incarcerated have a higher burden of chronic disease and increased rates of substance misuse than the general population which contributes to the age disparity (Binswanger, Redmond, Steiner, & Hicks, 2011).

These chronic diseases and mental health conditions are more obvious in prisoners from minority groups such as the Australian Indigenous population (Baldwin & Leete, 2012). The Australian Indigenous are roughly 2.8% of the general Australian population, however in 2012 Indigenous Australians accounted for 27% of those in Australian correctional facilities, with this figure increasing significantly when looking at individual states or territories (ABS, 2012; Butler, Allnutt, Kariminia, & Cain, 2007). Due to the life expectancy gap between Indigenous and non-Indigenous Australians, as well as the extremely low percentage in the over 65 years age group, Indigenous Australians are generally classified as being of older age at 50 years rather than 65 years like the general population (AIHW, 2007). When these Indigenous Australians are in the correctional setting they are classified as older at an even younger age again (Atabay, 2009; Brown, 2014).

A person with dementia in a correctional setting will have the same struggles as they would in the general community including the progressive loss of coordination, health and memory, a reduction in day to day functioning, and difficulty maintaining their sense of identity (Brown, 2014). It is not unusual for older prisoners to have other mental health and physical diseases or disorders which can make their care and treatment even more complex (Brown, 2014).

As this group of the correctional population develops problems with their cognitive ability, they become more vulnerable to both interactions with correctional services staff, and with other prisoners (Williams et al., 2012). Being unable to comply with directions could lead a prisoner with dementia to be subject to disciplinary action, which might include being placed in isolation (Williams et al., 2012). Isolation has been recognised as increasing confusion in a person with dementia, and potentially hastens the progress of the disease (Feczko 2014). Victimisation from other prisoners will come in different forms and can be from demanding a payment for assistance, to being intimidated or bullied by younger, stronger prisoners which creates an environment for fear and feeling unsafe (Baidawi et al., 2011).

Older adults in the correctional setting who have dementia can be targeted by other prisoners, leading to bullying and harassment, which has them in turn responding in self-defence, ultimately resulting in disciplinary action (Maschi, Kwak, Ko, & Morrissey, 2012; Williams et al., 2012). People with dementia in this environment are also vulnerable to sexual assault because they are less able to defend themselves against younger, more physical prisoners who can easily overpower them (Baldwin & Leete, 2012; Feczko, 2014; Maschi et al., 2012).

One Australian study reported that correctional officers reported that older prisoners were generally not seeking attention, were often quiet and appeared compliant; however these older prisoners were recognised by healthcare professionals as being at higher risk of psychological problems including depression (Goulding, 2013; Baldwin & Leete, 2012). Baldwin and Leete (2012) identified this higher risk as being evidenced by difficulties with adjusting to incarceration.

As a person ages there is a decline in their physical and mental health. This decline can cause issues for correctional healthcare services because prison environments have been developed for the younger inmate (Duffin, 2010; Goulding, 2013). Prisoners with limited mobility will have difficulty negotiating climbing into a top bunk bed or the narrow doorways especially if they are using mobility assistance devices or wheelchairs (Baidawi et al., 2011). It is acknowledged that healthcare systems in correctional settings increasingly need to provide medical care for a rising number of chronic conditions as the population ages, however some facilities are struggling with this (Ahalt, Trestman, Rich, Greifinger, & Williams, 2013; Williams et al., 2012). Maschi et al. (2012) found that, in the United States, there are prisoners with dementia whose healthcare needs have not been identified, largely because they are incarcerated in facilities where healthcare for this group is suboptimal.

The older prisoner may have multiple chronic diseases that are likely to lead to poorer health outcomes and an increased risk of developing dementia (Brown, 2014). The correctional service system is not set up for older prisoners and lacks understanding about mental health of the older person (Yorston, 2011). Because of this, the older prisoner with dementia, not being identified with cognitive impairment will find themselves vulnerable to abuse and bullying from other prisoners, as well as being neglected by correctional staff (Baldwin & Leete, 2012; Yorston, 2011).

Please cite this article in press as: Gaston, S. Vulnerable prisoners: Dementia and the impact on prisoners, staff and the correctional setting. Collegian (2017), http://dx.doi.org/10.1016/j.colegn.2017.05.004