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The mental health of older adults in the criminal justice system: a brief report from a nominal group

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ABSTRACT

The number of older people in prison is increasing, and this group has significant mental health needs. Despite this, little research has evaluated mental healthcare for older prisoners, and examples of best practice are unknown. This paper explored staff experiences of supporting the mental health needs of older prisoners to identify existing forms of care provision, challenges to implementation, and areas for improvement. Eight professionals were recruited to a nominal group discussion, and seven themes were identified: 1) Lack of recognition of mental health problems in prison; 2) Risk factors for mental health problems among older prisoners; 3) Models of working; 4) Specialised environments; 5) Prison transfers; 6) Aftercare post release; and 7) Mental health education. There was consensus that older prisoners are vulnerable to mental health problems, though their needs are not sufficiently recognised nor addressed. While several ideas for improvement were identified, the provision of consistent and effective mental health care for older prisoners is lacking. To identify best practice guidelines for addressing the mental health needs of older prisoners, a valuable next step is to review mental healthcare provision for older people in the community and consider how this could be adapted to a prison environment.

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Background

Mental health problems are more prevalent among the prison population compared to those living in the community and are also less likely to be addressed (Fazel et al., 2016). Research investigating the mental health care of older prisoners has been especially neglected (Andreas et al., 2017). This is

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problematic as recent years have seen a considerable growth in the number and proportion of older prisoners worldwide (Aday & Maschi, 2019), and people aged 60 years and over represent the fastest growing group in the prison estate (Ministry of Justice [MOJ], 2023).

The mental health needs of older prisoners are complex and significant (Kakoullis et al., 2010). Within this group, rates of mental health problems range from 38% to 61% (Fazel et al., 2001). Specifically, in comparison to younger prisoners or age-matched community peers, older prisoners experience elevated rates of depression (Fazel et al., 2001), post-traumatic stress disorder (Prost et al., 2021), somatic disorders (Moschetti et al., 2015), schizophrenia, and personality disorders (DiLorito et al., 2018). These can be compounded by physical and cognitive decline associated with normal ageing, the presence of chronic cardiovascular, respiratory, and musculoskeletal conditions (Solares et al., 2020) and experience of dementia (Verhülsdonk et al., 2021), which are common in older people in prison. Consequently, older prisoners require access to specialised treatment to adequately meet their mental health needs.

Despite the growing number of studies investigating the needs of older prisoners, very few have evaluated care provision to meet these needs. Older people in prison can experience obstacles accessing health care due to age-related stigma and discrimination (Heidari et al., 2017), lack of staff knowledge and expertise (Mussie et al., 2021), and a shortage of evidence-based treatments (Garrido & Frakt, 2020). A recent review identified only seven intervention studies addressing the mental health needs of older prisoners (Canada et al., 2020). Whilst these studies highlight a range of interventions that could hold promise, such as creative therapies, individual and group interventions, recreational therapy, or holistic assessments of mental health and social care needs, each study was limited by significant methodological limitations. The conclusion was that no recommendations could be made based on the evidence available (Canada et al., 2020).

In 2020, the UK's Ministry of Justice sought to develop a national older offenders' strategy to identify best practice guidelines for meeting the needs of older prisoners (House of Commons Justice Committee, 2020). To inform this strategy, this paper aimed to explore the experiences of staff supporting the mental health needs of older prisoners via nominal group discussion (Harvey & Holmes, 2012; Manera et al., 2019), to identify existing forms of care provision, potential challenges, and suggestions for improvement.

Method

A nominal group was conducted to explore the experiences of staff supporting the mental health needs of older prisoners, to clarify problems, and consider potential solutions. Data were analysed thematically (Braun &

Clarke, 2006, 2012). A detailed description of the rationale and methods used is presented in an accompanying paper of this journal edition (O'Neill et al., 2024). For this group, eight participants took part, including a forensic mental health team leader, a mental health lead for prisons, a prison nurse, a matron, an old-age psychiatrist, a general practitioner, an academic in a related field, and a consultant forensic psychiatrist.

Findings

Seven themes were identified: 1) lack of recognition of mental health problems in prison; 2) risk factors for mental health problems among older prisoners; 3) models of working; 4) specialised environments; 5) prison transfers; 6) aftercare post-release; and 7) mental health education.

Lack of recognition of mental health problems in prison

Participants commented that mental health problems often go unrecognised among older prisoners:

> The rate of recognition of mental illness is woefully low.

Whilst there was group consensus about the need for adequate assessment of mental health problems, participants highlighted the limitations of some assessment measures, which have not been designed for use in prison settings, thus may thus lack validity for older people in the criminal justice system:

> [the Mini Mental State Exam, a measure for dementia] was never designed for the prison service, it was designed for primary care . . . If you or I was in prison or on remand for weeks, we would fail. How would you know what day or time it is?

Risk factors for mental health problems among older prisoners

The group highlighted several risk factors for the development or exacerbation of mental health problems among older prisoners. Key precipitants included loneliness and isolation, which informed the nature of care provision within one prison:

> Loneliness is a big thing, and I think that's why we've done a lot of work on our list of activities and use of peer support workers.

Participants also considered how the prison environment might exacerbate mental health problems among older prisoners, given their vulnerabilities to bullying and intimidation by others:

> [Older prisoners] can be totally abused in prison.

Due to the high prevalence of risk factors, it was also acknowledged that mental health problems may present earlier in prison settings comparative to the community:

> People who come in have risk factors for emerging difficulties that mean they will display conditions we would normally associate with later life much earlier than people in the community.

Models of working

Group members identified several models for addressing the mental health needs of older prisoners. Specifically, the need for collaboration between primary and secondary services was described as essential due to the co-morbidity of physical and mental health problems:

> The link between primary and secondary care is particularly pertinent where you are dealing with comorbidity being the norm.

This would involve collaborative working between primary care, old age psychiatrists, and geriatricians. Participants also described the benefits of working *upstream* to ensure effective mental health screening at reception, or upon remand, and how this could identify pathways of care for individuals early on. Group members also highlighted the value of multidisciplinary and cross-disciplinary working:

> We are lucky we have a psychiatrist who comes on site once a week and registrars who come in for ward round from various specialities and places local to us.

These services could include joint clinics between psychiatrists and geriatricians, but these were less available in smaller prisons. Furthermore, group members also felt that communication with prisoners' families was important as they may notice changes in prisoner's mental state and cognition over time. This could aid in the detection of mental health problems. Regular and consistent staffing and training of prison staff on identifying symptoms would also support this.

Specialised environments

To protect older prisoners with mental health problems from exploitation by other prisoners, the creation of specialised environments was suggested. One group member described the goal of an *older age prisoner hub*:

> So when other prisoners go to work, the elderly prisoners can go there.

They discussed the need for a range of facilities to address mental health and social care needs, including the provision of the equivalent of long-term care homes in the community designed as villages to reflect community living. The use of 'secure care homes' outside of prison was also discussed, within which older prisoners with mental health problems who no longer posed a risk to others could be more appropriately managed.

Prison transfers

Group members felt that there was a lack of mental health beds for older prisoners in crisis, which lead to delays in transfer and care:

> There's nowhere to divert to because prisons are seen as a place of safety. I think that is a misconception, yes, they have staff there 24 hours a day, but they're not staff who are trained.

As treatment cannot be provided under the Mental Health Act in prison, older prisoners are vulnerable to further deterioration when awaiting transfer to hospital, which had a significant impact upon prisoner and staff wellbeing:

> It's soul destroying. To have somebody so acutely unwell in a cell.

It was also commented that older prisoners may receive multiple assessments by different professionals before hospital transfer, which can further delay the process.

Aftercare post-release

All participants highlighted the importance of aftercare following the release of older prisoners. It was recognised that release is a difficult transition for all prisoners but worse for older prisoners due to their complex needs. Ensuring linkage between prisons, social care, primary care services, and mental health services was identified as crucial. However, questions were raised about existing processes:

> How do we join prisoners up to services they need upon release? How do we make sure those care plans follow the prisoner rather than having to start the process again?

Delays arranging aftercare were also described:

> You have somebody who's acutely unwell that you've been waiting for assessments and beds … it's got to the point where they're ready for release and it becomes a panic to get them to outside services.

Mental health education

A key priority identified by all was improving the ability of staff to recognise and manage mental health problems experienced by older prisoners. This could be facilitated by increases in knowledge or an appreciation of how the mental health needs of older prisoners might be different to younger peers:

> A person presenting in later life with depression is very different to a person presenting in their 20s.

It was also suggested that clinicians should provide more information to the courts about the nature of mental health problems among older adult prisoners, which may influence criminal justice outcomes:

> Dementia is a chronic illness. If the court understood and viewed this from a palliative perspective, not something that is going to improve, I think that will help the judges thinking in terms of where is inappropriate disposal.

Discussion

Summary of findings

Seven themes were identified following group discussion. Overall, there was consensus that the mental health needs of older prisoners are often overlooked and not adequately assessed within prison settings. This is despite the acknowledgement that older prisoners may be vulnerable to accelerated ageing, loneliness, isolation, and exploitation, key precipitants for the onset or exacerbation of mental health problems. The group emphasised the importance of collaborative, multidisciplinary, multi-agency, and systemic models of mental health care for older prisoners, given the comorbidity between mental and physical health needs, and the value of upstream assessments to guide person-centred care planning. However, these were inconsistently implemented across different settings, and no specific interventions were identified. Ideas for improvement of mental health care for older prisoners included the creation of specialised environments, use of secure care homes for people presenting with minimal risk, consistent staffing, and improving the knowledge of staff working across the criminal justice system. Specific challenges included the continuity of aftercare post-release and the availability of mental health beds, leading to delays in care, which will continue given wider pressures in the mental health system.

Comparisons to literature

Our findings lend support for previously published literature. Specifically, the nominal group confirmed that mental health problems in older

people in prison are characterised by significant complexity (Kakoullis et al., 2010) and comorbidity (Solares et al., 2020; Verhülsdonk et al., 2021). We also found that the provision of effective multidisciplinary mental health care for older people across UK prisons is lacking. This is concerning given the growth in the number and proportion of older people in prison worldwide (Aday & Maschi, 2019; MOJ, 2023), though not surprising given the minimal available evidence (Andreas et al., 2017; Canada et al., 2020). Older people experience obstacles accessing mental health care due to a lack of bespoke treatment (Garrido & Frakt, 2020), delays in prison transfers, difficulties ensuring re-settlement and continuity of care upon release, and gaps in staff knowledge and expertise (Mussie et al., 2021).

Implications for policy and practice

Our findings have implications for policy and practice. Collectively, they highlight the importance of: 1) having reliable systems in place to identify mental health problems in older people; 2) ensuring prison healthcare services are appropriately resourced to deliver care within a person-centred, collaborative, and multidisciplinary framework; 3) providing specialised environments for older people to reduce potential victimisation; 4) ensuring prison and healthcare staff receive training in the mental health needs of older people; and 5) optimising the success of prison transfers, release, and continuity of care through early planning, communication, and effective multi-agency working.

Future research

Studies incorporating a greater sample size and direct input from individuals with lived experience as older adults in prison should be used to enhance the findings and recommendations of this paper. Longitudinal data might also be utilised to track the progression of mental health conditions in imprisoned older adult populations, and the effectiveness of implemented solutions over time. Given the unique context, to identify best practice guidelines for addressing the mental health needs of older prisoners and support the national strategy for older adults in prison (House of Commons Justice Committee, 2020), realist synthesis methods (Pawson et al., 2005) should be employed to review effective components of mental health care provision for older people in the community and consider how these could be adapted to a prison environment (Canada et al., 2020).

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Ethical approval

Ethical approval was not sought for this study, as by Research Ethics Service guidance standards it was classified as 'service evaluation', specifically, it was 'designed and conducted solely to define or judge current care or service, or to deliver and measure improvements in quality of the current service' (https://www.hra-decisiontools.org.uk/research/). Therefore, NHS Research Ethics Committee review was not required. This was verified by the project team using the Health Research Authority's decision tool.

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