Care of the Older Offender

**Being Old and Doing Time: Functional Impairment and Adverse Experiences of Geriatric Female Prisoners**  [http://sagelink.ca/being_old_and_doing_time](http://sagelink.ca/being_old_and_doing_time)

The study described was undertaken to investigate the prevalence and nature of functional impairment in geriatric female prisoners in California and to identify aspects of the prison environment that might exacerbate functional impairments.


This National Health Service paper gives an overview of health problems in older inmates, prison healthcare and particular health issues seen in this population. It also includes a section looking at older prisoners in Canada.

**Consequences for Health and Mental Health**  [http://sagelink.ca/consequences_for_health_and_mental_health](http://sagelink.ca/consequences_for_health_and_mental_health)

This chapter from “The Growth of Incarceration in the United States: Exploring Causes and Consequences” provides insights into the health profile of inmates in America as well issues such as substance abuse, infectious disease, chronic conditions and special populations including the aging population.

**The Older Prisoner and Complex Chronic Medical Care**  [http://sagelink.ca/the_older_prisoner_and_complex_chronic_medical_care](http://sagelink.ca/the_older_prisoner_and_complex_chronic_medical_care)

This chapter from the World Health Organizations publication “Prisons and Health” provides a global perspective to the challenges of caring for aging prisoners in correctional institutions. It reviews the issues of accelerated aging, multimorbidity, polypharmacy, falls, dementia, incontinence, sensory impairment, symptom burden, functional status and environment, mental health issues, end-of-life care and death and re-entry into the community.


The authors interviewed 203 men over the age of 60 from 15 prisons in England and Wales and found that the rate of illness in elderly prisoners are higher than those reported in other studies of younger prisoners and surveys of the general population of a similar age.


This publication from the Canadian Public Health Association gives a comprehensive overview of the overall health care needs of inmates at the time of the assessment. It does provide statistics for that timeframe for older inmates 55-64 and 65 and over.

**The Physical and Mental Health of Older Offenders**  [http://sagelink.ca/the_physical_and_mental_health_of_older_offenders](http://sagelink.ca/the_physical_and_mental_health_of_older_offenders)

This webpage reviews the health issues identified during the Offender Intake Assessment and prevalence of mental health problems such as depression, suicide risk and stress.
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Summary of Issues and Challenges Facing Older and Aging Offenders in Federal Custody [1] This backgrounder provided by the Office of the Correctional Investigator in Canada was included in the 38th annual report to Parliament. It provides an overview of issues of concern including access to programming, health care, conditions of confinement, post-release supervision, as well as recommendations for a nation older offender strategy.

Elderly Offenders: Implications for Corrections Personnel [2] The author of this article takes a look at elderly offenders in America, the kinds of crimes that they have been incarcerated for, statistics and project population growth issues, as well as characteristics and needs of older and aging-in-place prisoners.

Aging Offenders in the Criminal Justice System [3] The authors review some of the problems faced by the criminal justice system with the rise of older offenders in their care as well as challenges in addressing the issues emerging.

Managing the Elderly in Corrections [4] This document discusses the issues facing the correctional system in addressing the aging prisoner population needs.

Dementia in Prison: Ethical and Legal Implications [5] The authors present two case studies of men with dementia in English prisons and discuss some of the ethical and legal implications related to the Human Rights Act, 1998.

Aging in Correctional Custody: Setting a Policy Agenda for Older Prisoner Health Care [6] A group of 29 national experts met and identified 9 priority areas to be addressed to confront the exponential rise in the number of older inmates. Their consensus recommendations included a uniform definition of an “older” prisoner, geriatrics training for staff and health care providers, defining functional impairment, screening for dementia, identifying the needs of older women prisoners, the development of uniform policies for geriatric housing units, the creation of national medical eligibility criteria for early release and the enhancement of palliative care services within prisons.

The High Cost of the International Aging Prisoner Crisis: Well-Being as the Common Denominator for Action [7] This study looks at the social context model of human development and wellbeing in relation to international human rights guidelines that pertain to the promotion of health and well-being that relate to those aging in prison.
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**A Resource Pack for Working With Older Prisoners**
http://sagelink.ca/a_resource_pack_for_working_with_older_prisoners
This British resource provides education for correctional facility staff and anyone who wishes to practically enhance the lives of older offenders. It contains a number of one page information sheets to help staff recognize and respond to a variety of common health issues.

**Handbook on Prisoners With Special Needs**
http://sagelink.ca/handbook_on_prisoners_with_special_needs
This handbook from the United Nations Office on Drugs and Crime covers a variety of different care considerations including older prisoners; prisoners with terminal illness and disabilities, those under the sentence of death; prisoners with mental health care needs; those who are ethnic and racial minorities; foreign national prisoners; indigenous peoples and LGBT prisoners.

**Forget Me Not: Dementia in Prison**
http://sagelink.ca/forget_me_not-dementia_in_prison
This American article proposes a proactive, interdisciplinary collaborative approach to improving practice, policy and research to develop effective evidence-based care for the aging population in particular, especially in those with high needs like dementia.

**Dementia in the Incarcerated Elderly Adult: Innovative Solutions to Promote Quality Care**
http://sagelink.ca/dementia_in_the_incarcerate_elderly_adult
The author discusses the epidemiology, pathophysiology and diagnostic considerations of Alzheimer’s Disease (AD) with a focus on elderly inmates. Challenges of detecting and providing appropriate treatment for AD within a correctional institution are explored. Prison-specific guidelines for AD would be helpful to support clinicians in providing innovative quality care.

**Detoxification of Chemically Dependent Inmates**
https://www.bop.gov/resources/pdfs/detoxification.pdf
This US Federal Bureau of Prisons (FBOP) Clinical Practice Guideline reviews the detection of substance abuse and withdrawal, management of inmates with complicating medical and psychiatric conditions, placement of inmates for detoxification, different forms of withdrawal, and an overview of detoxification consideration involving elderly inmates.

**Older Offenders, Substance Abuse, and Treatment**
https://www.researchgate.net/publication/11038747_Older_Offenders_Substance_Abuse_and_Treatment
The authors of this American study found that 71% of the interviewed older inmates reported a substance abuse problem and were more likely to abuse alcohol than younger inmates.
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Resources to Support and Understand the Needs of the Older Offender

**Diabetes Management in Correctional Institutions**
http://sagelink.ca/diabetes_management_in_correctional_institutions
This article provides a general set of guidelines regarding diabetes care and recommendations for correctional institutions.

**Guideline Abstracted from the American Geriatrics Society Guidelines for Improving the Care of Older Adults with Diabetes Mellitus: 2013 Update**
http://sagelink.ca/guideline_abstracted_from_AGS_care_of_older_adults_with_DM
The updated guidelines incorporate high-quality evidence on the care of diabetes mellitus in older adults.

**Prisoner Diabetes Handbook – A Guide for Managing Diabetes for Prisoners by Prisoners**
This handbook is designed to support self-management of diabetes in correctional institutional settings.

**Older Men and Older Women Remand Prisoners: Mental Illness, Physical Illness, Offending Patterns and Needs**
http://sagelink.ca/older_men_older_women_remand_prisoners
The authors completed a retrospective chart review of all remands to a male and female prison over a 6.5 year period. They found that the rising number of older prisoners were among male remand prisoners. Older remand prisoners had very high rates of affective disorder and alcohol misuse. High rates of vulnerability were found among those older prisoners and they also had greater need for medical and psychiatric services than younger prisoners.

**FactSheet: Solitary Confinement**
This document provides an overview of issues related to the use of solitary confinement in the Canadian correctional setting. It provides statistics and speaks to issues related to psychological harm and human rights.

**Psychiatric Effects of Solitary Confinement**
http://openscholarship.wustl.edu/cgi/viewcontent.cgi?article=1362&context=law_journal_law_policy
With older adults increased susceptibility to developing a delirium, it is important to consider the possible effects related to the use of solitary confinement in the correctional setting.

**The Use of Restraints and Excited Delirium or Positional Asphyxia: A Review of the Safety and Guidelines**
This report investigates three research questions: (1) What is the safety of restraints and/or restraining methods for people in custody or in healthcare facilities? (2) What are the evidence-based guidelines for the prevention or management of excited delirium? and (3) What are the evidence-based guidelines for the prevention or management of positional asphyxia?
Hidden Psychiatric Morbidity in Elderly Prisoners
http://sagelink.ca/hidden_psychiatric_morbidity_in_elderly_prisoners
The authors interviewed a stratified sample of 203 male prisoners over the age of 59 from 15 prisons in England and Wales to understand the prevalence of psychiatric morbidity in this population. They found that the prevalence of depressive illness was five times greater in this population than what was found in studies of younger prisoners and elderly community members.

Unraveling Trauma and Stress, Coping Resources, and Mental Well-Being Among Older Adults in Prison: Empirical Evidence Linking Theory and Practice
http://sagelink.ca/unraveling_trauma_and_stress_coping_resources_and_mental_well-being_among_older_adults_in_prison
The increase in the aging population in prisons points to the need for further research to understand the risk and resilience of older adults in prison to support human rights, health and well-being in the prison environment.

Older Incarcerated Women Offenders: Social Support and Health Needs
http://sagelink.ca/older_incarcerated_women_offenders
This one page handout describes a study done to develop a preliminary descriptive profile of the levels of risk and need of older women offenders.

Rates of Prescribed Medication use by Women in Prison
http://www.csc-ssc.gc.ca/research/forum/e142/e142c-eng.shtml
This webpage gives an overview of medication use by incarcerated women in Canada. Issues of medication access, prescribing patterns and other contextual considerations are reviewed. The use of psychotropic medications and multiple medications in this population is quite high.

Identifying Frailty Among Vulnerable Populations
http://sagelink.ca/identifying_frailty_among_vulnerable_populations
The Frailty Framework among Homeless and other Vulnerable Populations (FFHVP) has been developed from empirical research and consultations with frailty experts in an effort to characterize antecedents i.e., situational health-related, behaviour, resource, biological, and environmental factors which contribute to physical, psychological and social frailty domains and impact and adverse outcomes.

End-of-Life Care in the Prison Environment
http://sagelink.ca/end-of-life_care_in_the_prison_environment
This reading list provides a sampling of international articles, literature and reports, on end-of-life care in a prison environment.

End-of-Life Care and Barriers for Female Inmates
http://sagelink.ca/end-of-life_care_and_barriers_for_females_inmates
The authors describe the potential barriers to human end-of-life care and offer care strategies that can be useful in a complex organizational system.