

Older patients as victims and perpetrators

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Psychiatry

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Best practice recommendations for older patients in forensic-psychiatric settings

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Faculty Disclosure

x	No, nothing to disclose
	Yes, please specify:

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How old is old?



50 – 60 yrs.



Background

- Increase in number of older offenders
 - People live longer
 - Longer sentences, indeterminate sentences
 - Convictions for historical offences
- 20% of patients in forensic settings over 50 years old
- 2 main groups
 - Long-stay patients: Growing old in the institution
 - Convicted for offences at older age
- Different needs due to ... comorbidity, mobility issues, frailty, different interests, institutionalisation

Overview of study

- NIHR (RfPB) funded study
- 8 NHS Trusts
- High, medium, low and community settings in England
- Aims
 - Describe older patient population
 - Understand experience of patients and staff
 - Understand factors contributing to QoL (including wellbeing, health and recovery)
 - Make recommendations to establish a living situation enabling older forensic mental health patients to progress

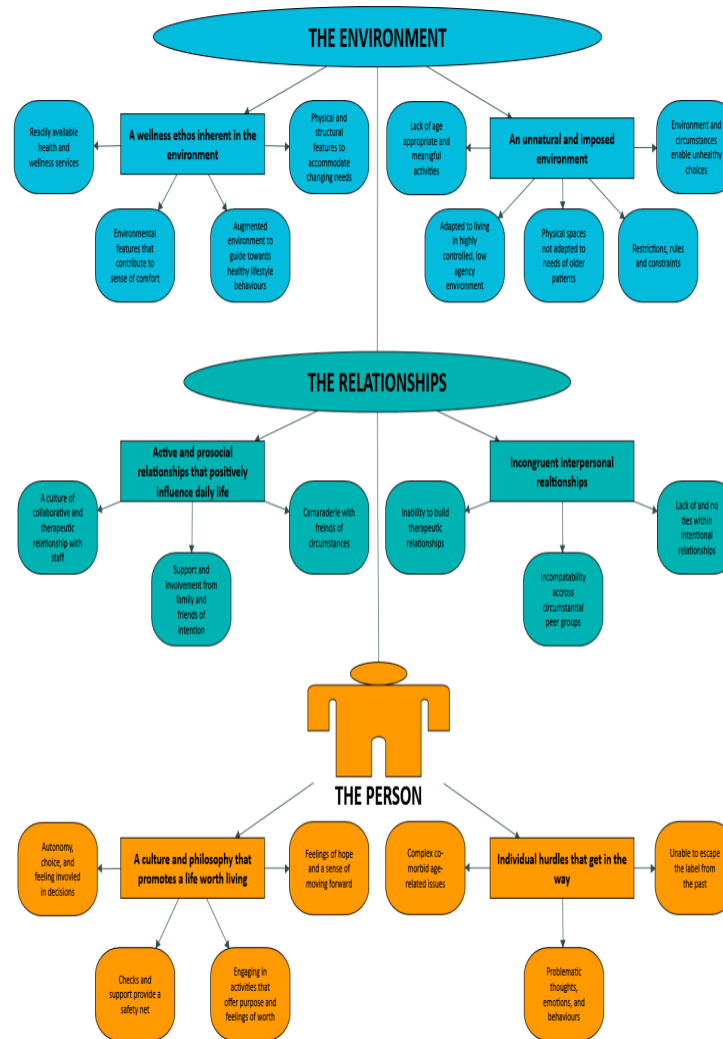
Methods

- Patients \geq 55 yrs
- Purposive sampling
- Semistructured interviews
- Interview schedule developed with strong input from LEAP (Lived Experience Advisory Panel) group
- Thematic analysis using Nvivo

Participants

- Patients (n = 37)
 - About a quarter from each of the four settings
 - Mean age 59.8 yrs
 - 34 men, 3 women
 - 81% white
- Staff (n = 48)
 - Largest group medium secure (40%), smallest community (17%)
 - 17 (35%) nurses
 - 5 – 8 (10 – 15%) each: psychiatrists, psychologists, OTs, social workers

Findings



Environment

Enablers – „Wellness ethos“	Obstacles – Unnatural and imposed environment
Readily available health and wellness services	Highly controlled, low agency environment
Physical and structural features to accommodate diverse and changing needs	Lack of age-appropriate, meaningful activities
Augmented environment to guide towards healths lifestyle	Physical space not adapted to needs of older patients
	Restrictions, rules, constraints
	Environment enables unhealthy choices

Quotes: The environment

- Patients

- *I used to be a smoker ... so coming to an environment where I can't smoke, has helped tremendously*
- *Lots of focus on physical health, we've a really good physical health programme, we've big ground that people can walk in ... , our OT run circuits*
- *Living in a nice secure, like this one and an en suite and quality of life, food on the table, no bills to pay. I don't want to move from here, it scares me that does ... because I might put the cooker on and forget to turn it off.*
- *You know, the, the young lads that are awesome footballers and basketballers they can do that all, and it is set up great for them, but for people that want to do ... more gentle things, there isn't as much access.*

- Staff

- *I mean physical wise, we can bring in the physical accessories: crutches, wheelchairs, things like that. Lifts should they need bathing. Anything to do with getting out of bed, things like that.*
- *They want to kind of be here a lot of them it is kind of like a safe space, like a home for a lot of them...*

Relationships

Enablers – Active and prosocial relationships that positively influence daily life	Obstacles – Incongruent interpersonal relationships
Cameraderie other patients	Inability to build a therapeutic relationship
Collaborative therapeutic relationship with staff	Incompatibility with peer group
Support from and active involvement of family and friends	Lack of ties with friends or family

Quotes: Relationships

- Patients

- *I've got a lot of friends in here that support me. They talk to me, they play cards with me, play other games. They're always asking me if I'm all right. If I'm looking down, they come and talk to me or make me a brew.*
- *Well, there's a couple of staff nurses I like talking to. There's a few of them ... I can talk to because they're right down to earth with you...they're like you ...*
- *Seeing my grandkids and children, that's my best thing.*
- *The staff that should be on that ward shouldn't be kids...It just needs more staff of the same ages ... because you understand each other.*

Quotes: Relationships

- Staff

- *Those who don't have any family members, they have the Samaritans who come in and they will sit with them.*
- *One chap he's just gone over 55, I've nursed him for years, and I think for him because he hasn't got a lot of family, it's actually building relationships with the staff, they've become his surrogate family ...*
- *It's ensuring that they have got good family contact, good family support, maximising their quality of life is more likely to get them to progress.*
- *The doctors go 'well we will try it again it will be fine', and kind of overrule them. I don't think their voice is always heard ... it's like what's the point of me having a voice if everyone else is going to make that decision for me.*
- *You have new people coming in who are very acutely unwell or creating disturbances, that's difficult for the older guys sometimes.*

The person

Enablers – A culture and philosophy that promotes a life worth living	Obstacles – Individual hurdles that get in the way
Autonomy, choice and feeling involved	Complex comorbid age-related issues
Checks and support provides safety net	Problematic thoughts, emotions, and behaviours
Engaging in activities that offer purpose and feelings of worth	Unable to escape the label from the past
Feelings of hope and a sense of moving forward	

Quotes: The person

- Patients

- *Do models. Go for a walk outside. Doing things, I enjoy. Not being pushed into things, having a bit of choice of what I do. Being able to do what I want when I want.*
- *Having the back up of my team...because if I've got something to fall back on, they're always there.*
- *The main thing is optimism and a positive state of mind. I'm getting older now, I sometimes think about, the end of my life ... There is always something new to keep me going and make me look forward rather than backward.*
- *Barriers to quality of life... feeling hopeless... I feel like giving up and being self-destructive*

Quotes: The person

- Staff

- *... allow the older ones to chair the meeting, give them some form of responsibility, and accountability.*
- *I think the model I that I drive particularly for all of my patients, but I find works very well for the older group, is the “Good Lives” model.*
- *We have got people who, are musicians, who are in their 70s and it’s trying to encourage keeping that identity going.*
- *With cognitive problems or with the diagnosis of dementia, will progressively get worst due to the nature of the illness ... progress might be a misnomer, you know ... you know they will deteriorate over time.*
- *The over 55 year old gentleman I’d worked with he had so much guilt over the things he had done in the past.*
- *People who are older and maybe committed their crime when they were 20 that one incident, maybe, 40 years ago would still be held and they would still not be able to access things.*

Discussion

- Issues for older people similar to those of younger people
 - Appropriate environment
 - Patient-centred services
 - Recovery approach
 - Autonomy, agency
 - Meaningful activities
 - Importance of relationships
- Specific to older patients
 - Comorbidity, disability
 - Age appropriate: activities, peers, staff
 - Reflection on life: hope, meaning, purpose, guilt and shame

Conclusions - Recommendations

- Adapt the physical environment to accommodate older patients' needs and risks (e.g., mobility, sensory impairment, disabilities)
- Provide healthy lifestyle choices: physical activities, healthy food options, etc.
- Hospital/ward/unit rules, regulations and routines should accommodate the needs of older patients
- Provide a comprehensive range of structured activities (chosen with patients' input) at a range of intensity levels
- Provide activities that fit with patients' interests and life course, that give them a sense of identity, purpose and meaningfulness
- Connect older patients to each other across multiple wards or facilities
- Staff levels and retention should be appropriately funded and fully adequate to support older patients' needs (e. g. leave)
- Enable patients to easily connect (face-to-face and via technology) with external family and friends and support new social connections
- Assess whether specific older adult services / interventions are required

Thanks for listening!

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