

**Title:** The mental health needs of older patients and older patients with cognitive impairment/dementia living in secure forensic-psychiatric settings

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## Summary of the final report on the study

**Title:** The mental health needs of older patients and older patients with cognitive impairment/dementia living in secure forensic-psychiatric settings

**REC reference:** 16/EM/0505

**Protocol number:** 16101

**IRAS project ID:** 214001

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### Rationale for the study

The population of older patients (i.e. 50 years old and above) in secure-forensic psychiatric settings has showed a dramatic increase over the last 20 years. In a study at Broadmoor Hospital in 1995 (Wong et al.), around 8.5% of the total population consisted of patients aged 50+. In 2017, the number of older patients at Rampton Hospital has reached 20% of the total (Data obtained through Applied Information Team) (Fig.1). The old age group is even larger (around 30% of the total) among long-term (i.e. >5 years) patients (Völlm et al., 2016).

In fact, older patients have been evidence to have a length of stay in secure setting that is well above that of younger patients (Table 1), of older people without mental disorder sentenced for the same offence and detained in prison, and of older patients in general psychiatric services (Völlm, Bartlett & McDonald, 2016).

In addition, there is very limited research around the experience and the added challenges of ageing in secure forensic psychiatric settings.

### Study aims and objectives

The project aimed to expand the current evidence on older forensic psychiatric patients in secure settings, by answering to the following research questions:

1. What are the characteristics of older forensic psychiatric patients?
2. What are their needs in different areas of daily living?
3. What is their experience of ageing whilst in secure care?
4. Are the current services meeting the needs of older patients?

The respective *objectives* to answer the research questions were:

1. To gather in-depth data on a sample of patients living in three secure units (Rampton Hospital, Arnold Lodge and the Wells Road Centre) within Nottinghamshire Healthcare NHS Foundation Trust around: (i). Socio-demographics; (ii). residency, admission and offences; (iii). mental health (including cognitive deterioration) and treatment; (iv). physical health; and (v) risk and incidents

2. To assess their individual needs in different areas of daily living.
3. To gather enriched narratives on their experience of ageing whilst in secure care
4. To gather the views of members of staff around service provision in meeting the needs of older patients.

All the objectives were achieved through the study. Study findings are reported in the following section.

## **Study findings**

*Objective 1* found that most patients were single White British males aged 50-55, admitted from prison and with an index offence of assault (i.e. Common assault, battery, assault occasioning actual bodily harm or assault occasioning grievous bodily harm). PD was the most frequent diagnosis, followed by psychotic disorders; the patients typically presented with high comorbid psychiatric conditions. Physical health conditions were highly prevalent and associated with administration of psychotropic medications. The patients experienced long-stay, which was significantly associated with high security and older age. Cognitive impairment affected 25% of the sample. Patients' needs were mostly met, but negative feedback was gathered around social opportunities.

*Objective 2* found that patients' needs were mostly met. The most unmet need was "Company", with 40% of participants reporting dissatisfaction in this area, while the most met need was "Treatment", with 74% of participants reporting satisfaction in this area. The study also found the following statistically significant results: Female participants reported the presence of more needs, but also more met needs compared to males. Patients below 55 years old were found to have more needs and unmet needs, compared to patients above 55 years old. No statistically significant association was found between met needs and level of security.

*Objective 3* evidenced the complexity of ageing in secure care. Despite the positive feedback around physical health care, education opportunities, staff and support of religious practices, the patients experienced added barriers to recovery, caused by social isolation/withdrawal and activities/treatment that did not respond to their complex age-related needs, generating poor motivation to engage.

*Objective 4* confirmed the unique age-related issues which emerged through the patients' accounts. The staff reported that service provision was far from optimal and that older patients, being a silent minority of the hospital population, experienced added barriers to recovery. These were caused by a lack of specialist training for members of staff, prolonged stay in secure care and a limited number of age-relevant activities. To improve service provision, the members of staff did not support the creation of wards for the older patients (i.e. based on chronological age), but rather intensive care needs units, based on overall functioning (i.e. biological age).

## **Conclusion**

The overall picture that emerged from the project is that older patients have unique characteristics, physical, mental and social health care needs. Although they share some of

the typical experiences of life in secure settings with forensic psychiatric patients of all ages, they also experience unique facilitators and barriers to mental health recovery.

The facilitators include:

- Adequate provision of physical healthcare
- Educational programmes, outdoor activities and treatment groups promoting age-inclusiveness, social opportunities and personal agency
- Strong emotional support from members of staff
- Spiritual / religious support and pastoral care

The barriers include:

- Prolonged stay in secure services, particularly in high security
- Few age-inclusive recovery-focused activities
- Release anxiety, which may generate attachment to secure settings and poor treatment compliance
- Reduced social opportunities
- Neglect of needs for intimacy / sexual expression
- Understaffing
- Non-dementia-friendly service

Several **implications for clinical practice, policy and research** can be derived from the study.

In relation to clinical practice, a potential way forward to ameliorate older patients' experience of secure care is the creation of dedicated service provision. Findings from our study suggest that there might be a need to develop dedicated provision based on level of functioning (i.e. biological age) rather than on chronological age. These units could be configured as slow-stream / long-term services, employ members of staff who have received specialist training, accommodate patients from the whole age spectrum. They would not be exclusive to older patients, thus presenting the added benefits of mixed-age wards.

However, considering the limited resources available to develop specialist services, good practice should be pursued by providing more inclusive and age-friendly services. These may include age-relevant Recovery Colleges, pre-release courses tailored to older patients' needs, be-friending schemes and peer-support to tackle social exclusion, staff training in old-age issues, the appointment of one older people's lead per service coordinating the care of older patients, more accessible premises and the provision of more age-relevant occupational therapy.

Implications for policy ideally include the development of dedicated national minimum standards for the care of older patients, which would ensure equal quality of provision across services. Unnecessary long-stay in secure care can be prevented by refinement to the 'payment by result' programme through adoption, for example, of the Belgian model, whereby longer stay of patients is paid in full by the hospital. A legal limit to stay, which should not be longer than a prison sentence for the same offence, as in the Italian model, could further tackle the issue of prolonged stay in secure care. A revision of the current

restrictive policies around physical contact, with a more balanced compromise between relational security and patients' individual needs for intimacy (e.g. the German and Dutch models), could be a way to address older patients' risk of social isolation / unmet needs for intimacy.

In relation to future directions in research, larger samples of participants, involvement of services at the national level and inclusion of the private sector would ensure more representativeness to study findings. It would also be helpful to develop comparison studies against younger patients and / or service evaluation / longitudinal studies looking at patients' outcome measures such as:

- Post-discharge recidivism / reoffending rates
- Rates of re-admission in (forensic) psychiatric services
- Use of primary health care services (e.g. GPs, hospitals) and social care in the community
- Mortality rates (death, suicide) and self-harm rates
- Data on accommodation / residence (e.g. homelessness prevalence)

### **Dissemination of findings**

All the studies of the project were submitted for publication. Of the preliminary groundwork, the literature reviews and the studies around the Italian system were published.

The quantitative and the qualitative studies from the patients' interviews have been re-submitted to the journals following positive peer reviews, requiring minor amendments. The qualitative study with members of staff has been submitted for publication and awaiting an outcome. A complete list of current publications from the project is included below.

Once published, we aim to disseminate research findings among participants, as part of our Patient and Public Involvement strategy outlined in the study protocol.

#### *List of publications:*

- Di Lorito, C., Castelletti, L., Lega, I., Gualco, B., Scarpa, F., & Völlm, B. (2017). The closing of forensic psychiatric hospitals in Italy: determinants, current status and future perspectives. A scoping review. *International journal of law and psychiatry*, 55, 54-63.
- Di Lorito, C., Castelletti, L., Tripi, G., Gandellini, M. G., Dening, T., & Völlm, B. (2017). The Individual Experience of Aging Patients and the Current Service Provision in the Context of Italian Forensic Psychiatry: A Case Study. *Journal of forensic nursing*, 13(3), 118-125.
- Di Lorito, C., Dening, T., & Völlm, B. (2017). A research team's perspective on the editorial 'Revolutionary reform in psychiatric care in Italy: the abolition of forensic mental hospitals'. *Criminal Behaviour and Mental Health*, 27(5), 525-528.
- Di Lorito, C., Dening, T., & Völlm, B. (2018). The characteristics and needs of older forensic psychiatric patients: A UK cross-sectional study. Submitted for publication.

- Di Lorito, C., Dening, T., & Völlm, B. (2018). Ageing in forensic psychiatric secure settings: The voice of older patients. Submitted for publication.
- Di Lorito, C., Dening, T., & Völlm, B. (2018). Ageing in forensic psychiatric secure settings: The views of members of staff. Submitted for publication.
- Di Lorito, C., Völlm, B., & Dening, T. (2018). Psychiatric disorders among older prisoners: a systematic review and comparison study against older people in the community. *Aging & mental health*, 22(1), 1-10.
- Di Lorito, C., Völlm, B., & Dening, T. (2017). The individual experience of ageing prisoners: systematic review and meta- synthesis through a Good Lives Model framework. *International Journal of Geriatric Psychiatry*. doi: 10.1002/gps.4762. [Epub ahead of print]
- Di Lorito, C., Völlm, B., & Dening, T. (2018). Ageing patients in forensic psychiatric settings: A review of the literature. Submitted for publication.

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Völlm, B., Edworthy, R., Holley, J., Talbot, E., Majid, S., Duggan, C., et al. (2016). Characteristics and needs of long-stay patients in high and medium secure settings in the UK: Implications for Service Organisation. Submitted for publication.

Wong, M.T.H., et al. (1995). Elderly offenders in a maximum security mental hospital. *Aggressive Behaviour*, 21, 321-324.