

## A Call to Understand the Mental Health Needs of Older Prisoners

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**A**n unintended consequence of mass incarceration in the United States has been an exponential increase in the number of aging prisoners. Prisoners are considered “old” in their 50s. This relatively young age is used to reflect the common experience of “accelerated aging” among prisoners, which often results from the stressors of prison life combined with unhealthy lifestyles and inadequate health care experienced in the community outside of the criminal justice system. Older prisoners are now the fastest growing segment of the prison population, and it is estimated that they will comprise one third of the US prison population in the coming decades if current sentencing laws remain unchanged. This changing demographic has a considerable impact on criminal justice health care systems since, given their high rates of multiple chronic illnesses, older prisoners use a disproportionate amount of prison health care services and generate higher health care costs.

In 2012, experts in correctional health care, academic medicine, nursing, and civil rights collaborated to publish a research and policy agenda to address the medical needs of older prisoners.<sup>1</sup> These recommendations called for an improved definition of geriatric functional impairment in the correctional setting, attention to dementia and to the unique needs of aging female prisoners, development of transitional care models designed to meet the needs of older adults following their return to the community, and more evidence-based guidelines for early and compassionate release for prisoners with life-limiting or serious illnesses.

While these guidelines took an important first step toward creating a comprehensive agenda for meeting the health care needs of older prisoners, the guidelines missed a call to action for geriatric mental health awareness. Distinctions are often made between medical and mental health care. However, given the overrepresentation of mentally ill persons in the US criminal justice system combined with the growing number of aging prisoners with serious mental illness (e.g. schizophrenia, major recurrent depression, and bipolar illness), it is critical that the mental health care needs of older prisoners be added to the policy and research agenda.

Rather than developing a separate set of mental health priority areas, the importance of mental health could be incorporated into several of the priority areas recommended by the expert panel. For example, the panel indicated that older prisoners have a high prevalence of common risk factors for dementia including traumatic brain injury and alcohol abuse. Depression, which is inexorably linked to dementia, is also common among older prisoners. Depression earlier in life—typically defined as depression or depressive symptoms occurring before age 60—has consistently been found to be a risk factor for dementia.<sup>2</sup> Furthermore, it is common for depression in older persons to be mistaken for dementia. Outside of the correctional setting, it is common to find diagnostic errors in detecting both depression and dementia (e.g. assuming symptoms are a “normal” part of aging). In prison, these errors may be compounded as the regimented schedules of prison life make it difficult to discern changes in mood,

behavior, or wandering and may also mask symptoms of flat affect. As in the community, clinicians in the criminal justice system need to be actively screening and addressing both depression and dementia in older adults. In addition, older adults with schizophrenia have considerably higher rates of dementia as compared to their age-matched peers.<sup>3</sup> As the prison population continues to age, it will be increasingly important to develop our understanding of the impact of serious mental illness on dementia.

The expert panel also called for more research into the unique health care needs of older female prisoners. As compared with male prisoners, female prisoners have higher rates of mental health problems and comorbid mental illnesses, even after controlling for drug and alcohol abuse.<sup>4</sup> Understanding whether these gender differences persist into older age is an important next step. Female prisoners also report high rates of prior physical and sexual abuse—two risk factors for mental illness, including post-traumatic stress disorder and major depression. Knowledge about the impact of traumatic experiences on the mental health of female prisoners as they age is largely unknown but is critical for developing effective programming and therapeutic interventions for older female prisoners.

The expert panel emphasized that a fundamental goal of correctional systems should be to help prisoners plan for reentry so they can effectively manage their health care needs upon release. Improved understanding of mental illness in older prisoners is important for optimizing their transitions from prison to the outside community, particularly in light of re-

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cent legislation that may allow for easier continuity of care after incarceration. These laws include the Medicare Improvements for Patients and Providers Act [H.R. 6331; 110th Congress; July 15, 2008], which created parity in copayments for physical health conditions and outpatient mental health services, and the January 2014 expansion of Medicaid under the Patient Protection and Affordable Care Act (ACA) [H.R. 3590; 111th Congress; August 25, 2010].

However, coordination of services at the time of community reentry may be particularly challenging for older prisoners who have a complex interplay of mental and physical health needs. Mental illness has been found to exacerbate chronic medical illness in older adults and to increase the risk of onset and worsening of disability in activities of daily living. Polypharmacy is also of concern when medical and mental health conditions coexist, and coordinating the medications for both mental illness and physical conditions is critically important for the reentry planning of older prisoners. Furthermore, after a long incarceration, prisoners may lose contact with the outside world and become “institutionalized.” Institutionalization, combined with fears regarding safety and lack of social support upon release, may be a significant source of anxiety for older prisoners. Such concerns and anxiety can exacerbate mental health-related symptoms, which may contribute to high rates of homelessness, mortality, and suicide found in older former prisoners.<sup>5,6</sup>

Finally, the panel called for improved compassionate or medical release policies that “reflect the ways that people experience serious medical illness and death.” Older prisoners with serious mental illness should also be considered in these policies. However, as noted by the panel, compassionate or medical release

policies are rarely used because skilled nursing facilities (SNFs) often will not accept patients with a history of incarceration. Additionally, the narrow eligibility requirements and cumbersome process of compassionate release (e.g. background checks, resident notification, plan for supervision and monitoring by the department of corrections) increases the likelihood of denied admission. Prisoners with serious mental illness and a history of aggressive behaviors or those who experience frequent exacerbations of their illness that require hospitalization may be inappropriate candidates for deinstitutionalization. Yet the prison setting is often not equipped to provide appropriate SNF-level care for such individuals. In May 2013, the State of Connecticut opened a specialized community-based SNF, known as “60 West,” for individuals transitioning from a correctional or state-run mental health facility. A dedicated facility such as 60 West can offer appropriate care that may not otherwise be available in a prison or state mental health facility. Facilities like 60 West offer an alternative to traditional SNFs and enable prisoners to receive appropriate care for their level of need.

Nearly two decades ago, Koenig et al.<sup>7</sup> described the prevalence of depression and anxiety in 95 male prisoners age 50 and older from one federal correctional facility and found that nearly 54% met one-month criteria for these psychiatric disorders. Since publication of this seminal study, the number of older prisoners has nearly quadrupled, but only a handful of subsequent studies have evaluated mental illness in older prisoners. A policy and research agenda for older prisoners should: 1) incorporate more research on mental health, 2) highlight the challenges associated with releasing older prisoners with coexisting medical and mental health disorders, and 3) encourage the devel-

opment of specialized facilities to care for older prisoners with SNF-level medical and mental health needs.

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