Care trajectories of older mentally ill offenders

I. Background

Despite this apparent wide range of care pathway options, the provision of forensic psychiatric care in European countries seems to be problematic in several respects (Dressing et al., 2007) Inadequate or inappropriate forensic-psychiatric care pathways may affect the older mentally ill offenders (OMIO) to a greater extent. Understanding contemporary patterns in care trajectories and describing the characteristics of OMIOs may provide insights to the various policy and service provider stakeholders in care and justice systems on how the OMIOs’ care pathways could be better organized.

II. Method

Mixed methods:
- File study (N= 174)
- Interviews (N=8)

IV. Respondents

60+ years and under the measure of internment. Internment is not a punishment, but a measure of safety to exclude mentally ill offenders out of society to prevent (further) harm and to provide treatment. In Belgium, internment is always exclusive and cannot be combined with any ordinary criminal sanction (Vandevelde et al, 2010).

Place of residence OMIO’s in Flanders (N=174)

- Residential treatment setting: 30.5%
- Penitentiary setting: 29.5%
- Residential care setting: 39.0%
- Unknown/not verifiable: 0.6%

Study

Results

I. File study (N=174)

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<th>Percentage</th>
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<td>10%</td>
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- mean age is 67 years (range 60 – 88, SD: 6 years)
- 23% of all cases has resided in an institution of any kind in young age (boarding school, reformatory, institution problematic educational situations, psychiatric hospital…)
- In 13% of the cases there are clear indications of youth delinquency
- 30% lives at home – 30% in penitentiary setting - 40% in a residential care setting
- In 48% of the cases there are clear indications the OMIO’s are not in the most appropriate place of residence
- For almost 10% the complexity of their situation makes it as good as impossible to find an appropriate facility + in 6% of the cases high age is mentioned as hindering a transfer

INSTITUTIONALIZATION: 11.4% of the OMIO’s refuses to leave their place of residence, even if this is not an appropriate environment (e.g. prison…)
- Min 1 transfer en max 96 transfers
- 25% had maximum 4 transfers
- 25% had more than 14 transfers

II. Interviews

How did the participants experience their care trajectory?

“In the psychiatric centre I stayed in, there was therapy, but I didn't think it was good. It felt as if they were dealing with infants. We made drawings and tinkered, but I didn't like that. Only on Thursday there was a sport activity. That was fun.” (H., 65, currently in ambulatory care)

Were the participants at any stage in their care trajectory confronted with exclusion criteria from treatment?

Mentioned reasons for refusal:
1) Bad reputation because of trespassing the house rules in several institutions e.g. using drugs or alcohol.
2) Not having the right recognition e.g. no official recognition as mentally disabled person, which is an access criterion in services for persons with a disability
3) Lack of places in residential care settings
4) Inadequate update in reports on the current situation

“Did you know that I wrote at least a thousand letters? When I turned 60, I tried getting in to an old people's house, one tries anything to get away. But at the moment I am totally stuck.” (M., 68, penitentiary complex)

“However older offenders have special treatment needs, they are not targeted for specialized service on the basis of their age, but rather, on the basis of their need”. (Johnson, 2008).