

THE EFFECTS OF INCARCERATION AND AGEING

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INCARCERATION AND AGEING

- Incarceration and ageing: a growing issue
- Effects on brain health – what we know
- The human rights framework
- The policy response

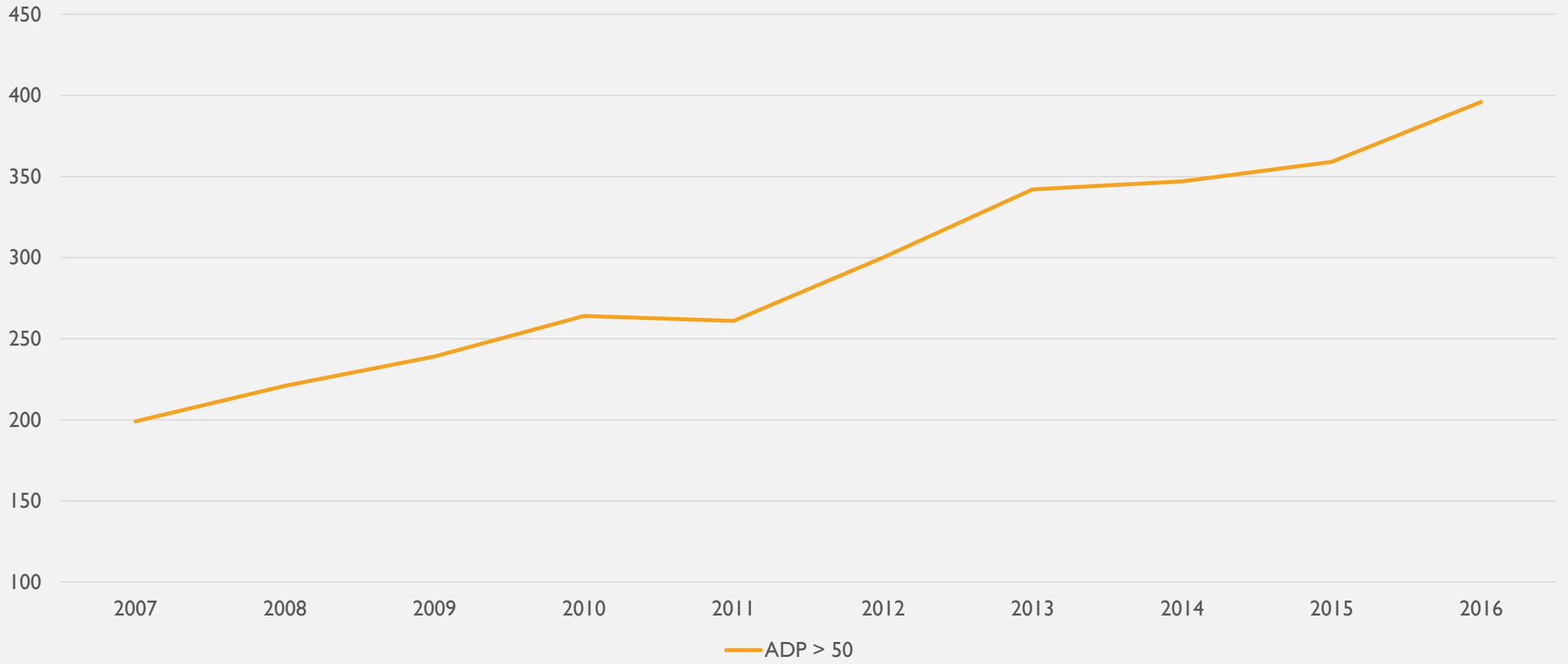
INCARCERATION AND BRAIN HEALTH

- High rates of PTSD amongst the prison population compared to the general population (Ardino, 2012)
- Increasing understanding of the effects of traumatic brain injury (Durand et al, 2017; Kaba et al 2013)
- Mental illness and prison populations: Kennedy et al (2005) 60% of women in prison had a lifetime history of mental illness; 5.4% should be diverted to community psychiatric care
- The effects of solitary confinement

AGEING PRISON POPULATIONS

- Wahidin and Aday (2005): age 50
- Chronological age and ageing in prison
- Ireland (2016): 9 women (10%), 387 men (13%) over 50 (sentenced prisoners)
- 2007: 199 people over 50

ADP > 50



THE CHALLENGES

- Prisons are primarily designed for young men
- Mobility
- Ill-health
- Dementia
- Social isolation
- Planning for release
- End of life care

BRAIN HEALTH

- Williams et al (2010): 13.6% reported a serious mental illness (excluding PTSD); 8.1% hospitalisation in a mental health facility; 45.6% alcohol dependency
- Fazel (2001): 53% had a psychiatric diagnosis
- O'Hara et al (2016): older people newly committed are more likely to experience more severe depressive symptoms than others
- Flatt et al (2017): 40% of older prisoners in the survey screened positive for PTSD
 - More likely to report medication insecurity in the past year, impairment in two or more activities of daily living, TBI, pain in the past week and poor self-rated health

BRAIN HEALTH

- 1%-30% estimates for dementia
- Chodos et al (2012): 73% reported using emergency care within three months before incarceration or were planning to afterwards - more likely to do so if they were homeless
- Solitary confinement for older adults: sensory deprivation can increase confusion and memory loss (Williams, 2016)

THE EXPERIENCE

**“IN HERE, TIME
STANDS STILL”**
THE RIGHTS, NEEDS AND
EXPERIENCES OF OLDER
PEOPLE IN PRISON

STAFF TRAINING

- Awareness of the needs of older prisoners
- Awareness of the impact of prison routines and expectations
- Awareness of cognitive issues and need for referral

HUMAN RIGHTS PERSPECTIVE

- *Papon v France* (27 November 2003, no. 65436/01)
 - 92 year old applicant
 - Did not succeed in application for release but court says Article 3 can be engaged
- *Khudobin v Russia*, (26 January 2007, no. 59696/00)
 - No general obligation to release
- *Gülşay Çetin v. Turkey* (5 March 2010, no. 44084/10)
 - Prisoner suffering advanced cancer, unable to carry out everyday activities, supervised by unqualified people. Breach of Article 3.
- Williams et al: the need for medical release policies

HUMAN RIGHTS PERSPECTIVE

- European Prison Rules
- Need to transfer to hospital for specialist treatment not available in prison
EPR 46
- Interdisciplinary teams and need for expertise in psychology and psychiatry

HUMAN RIGHTS PERSPECTIVE

- Mandela Rules (UN)
- “Prisoners should enjoy the same standards of health care that are available in the community” (Rule 24)
- “Every prison shall have in place a health care service tasked with evaluating, promoting, protecting and improving the physical and mental health of prisoners, paying particular attention to prisoners with special health care needs or with health issues that hamper their rehabilitation” (Rule 25)

POLICY RESPONSES

- Social care provision within prison?
- Sentencing of older people?
- Social care settings dealing with those convicted of crimes?
- Assisted decision-making?
- The importance of inspection and monitoring
- Fundamental tension:
 - The interest of the state in justice/security....
 - the protection of fundamental rights and dignity

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