

Older Convicts Unrecognised psychiatric Morbidity.

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Abstract

The proportion of senior inmates is rising. In the ten-year period from 1988 to 1998, the number of convicted males in England and Wales who were 60 years of age or older more than tripled to 1055, and the percentage of elderly convicts in the total sentenced male population more than quadrupled to 1.7%. In the USA, where there are currently 43 000 convicted males over 55 in prison, there is a similar trend. There hasn't been any research that we are aware of on the frequency of psychiatric disease among senior condemned convicts. Studies from earlier stages of the criminal justice system suggest that this population is likely to have high rates of mental disease, particularly dementia. An analysis of case notes from remand detainees revealed that 11/20. Around 10% of senior persons who live in the community have a psychiatric condition, and 5–10% has dementia, according to epidemiological surveys. Psychiatric morbidity would likely be high in older prisoners, even though examinations of convicted convicts have excluded individuals over 65 from their samples. This conclusion can be drawn from these studies and from community surveys. The study described here set out to find out how common psychiatric disorders were among condemned male offenders who were 60 years of age or older.

Keywords: Epidemiological surveys, Psychiatric disorders, Psychiatric morbidity, Dementia.

Introduction

The Geriatric Mental State Schedule is a clinical interview that is semi-structured and used to evaluate the mental health of elderly people in the community. The computerised diagnostic routine that analyses GMS data lessens unreliability, supports diagnoses of a variety of diseases, and has been demonstrated to agree with the diagnoses given by qualified psychiatrists. The organic disorder and depression cases identified by GMS-AGECAT are well correlated with the dementia and combined major depression, dysthymia, and adjustment disorder diagnoses given by the DSM-III, respectively. At the University of Liverpool's Institute for Human Ageing, data on mood disorders were transformed using a standard algorithm to DSM-IV criteria for major depressive episode [1]. After the GMS, the Structured Clinical Interview for DSM-IV Axis II Personality Disorders was conducted. This covers each category of personality disorder in turn, with following probes and a specific question being used to assess each component within each category.

One of the few personality interviews that have been utilised in published studies across a variety of research institutes. In contrast to other instruments that take a lot longer to complete, this one was designed to evaluate DSM criteria and can typically be finished in under 60 minutes. Because the screening questionnaire generates a sizable number of

false positives, it was excluded [2]. Depressive and passive-aggressive personality disorders, which are excluded from the official DSM-IV, were not evaluated in the study. After the interview, each person's medical records and reception health screen results were examined for serious illnesses and current medications, and criminological information was acquired from the local prison database.

A steering committee made up of leading academic psychiatrists met monthly to discuss diagnostic difficulties. The Statistical Package for the Social Sciences (SPSS, 1998) was used to enter the data and provide descriptive statistics and relative risks. The characteristics of consenters with non-consenters and research participants with the overall population of older men in prison were compared using the test for independent proportions. The GMS-AGECAT identified 64 men with psychiatric disorders [3]. Depressive illness was the most typical diagnosis, found in 60 people. Of them, 24 had a past or present history of depression documented in their medical records, and 7 of them were being treated with antidepressant medication at the time of the interview. 156 males in all were taking some sort of prescription medication.

The dementia began to affect the two guys while they were incarcerated. In 61 men, personality disorder was identified using the SCID—II. 19 people had both a personality problem and a GMS—AGECAT mental condition [4]. Using the

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GMS's questions, inmates were questioned about their history of substance abuse in the month prior. In total, 10 prisoners acknowledged current substance abuse or dependence: 6 reported drinking too much alcohol and 4 reported abusing narcotics. 23 prisoners had lifetime histories of alcohol abuse, with one prisoner also having a history of drug abuse. There was one instance of learning difficulty that was recorded. In eight cases, substance abuse or dependency co-occurred with a personality issue or psychiatric condition. 108 guys in all received a mental diagnosis as a result [5].

Conclusion

Although the tools we employed allow for useful comparisons, they also have certain drawbacks. Although no study has proven that personality disorder diagnoses based on informant information are more valid than those based on patient interview alone, it is ideal to identify psychiatric illness in the elderly utilising an informant in addition to a clinical interview. The GMS has not been applied in jail settings and does not evaluate learning disabilities or provide lifetime diagnoses of substance dependency or abuse. A lack of resources, inadequate training for medical and nursing staff, a prison culture that prioritises security, and sentencing guidelines are just a few of the issues that make it difficult to diagnose depression in elderly people. However, it is crucial that the high prevalence of psychiatric

illness, particularly depression, be acknowledged and that systems are put in place for its diagnosis and treatment on the grounds of human rights and public health. Almost all elderly prisoners will eventually be released, and it is important to prepare community support and treatment based on a better understanding of their healthcare requirements. It is a global trend that the jail population is getting older, so it is possible that improvements in Britain will be adopted widely.

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