



PSYCHOGERIATRIC CARE IN A FORENSIC SETTING: MITIGATING STRESS AND BURNOUT FOR FORENSIC NURSES

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Abstract

Background and Objectives

With an aging population and projected increased prevalence of dementia, it has become increasingly important that nurses are equipped to provide appropriate psychogeriatric care. Patients with dementia are more likely to commit legal violations related to their behavioural and psychosocial symptoms, therefore there is a concern with how forensic nurses will be able to manage this population when psychogeriatric and forensic care intersect.

Methods

Stress and burnout from providing geriatric care is related to lack of knowledge in providing care for this population, conditions of work, including staffing, heavy workload; and taking care of clients with disabilities, agitation, or dementia. Thus, it is imperative that we explore how nursing staff can effectively manage psychogeriatric care in a forensic setting to minimize stress and burnout of staff.

Results

Five options for geriatric service enhancement will be explored: (1) Provide Gentle Persuasive Approach training to forensic staff; (2) hold an ethics review for staff to discuss the use of therapeutic lying; (3) modify existing policies and procedures to support appropriate geriatric care; (4) augment baseline staffing to include psychiatric care aides in skill mix; (5) and create a secure forensic unit for geriatric populations.

Conclusion

The author argues that further research is needed that will determine the design of a new Psychogeriatric Forensic Centre.

Keywords: *geriatrics, dementia, forensics, older prisoners, psychogeriatric care*

It is a challenge to manage patients with cognitive disorders within a maximum-security facility, where forensic nursing staff are not adept in providing care to the geriatric population. Not only does this issue cause significant stress and burnout for nurses, leading to increased sick time/absenteeism, and poor patient care/outcomes such as increased use of Pro Re Nata (PRN) medication, the use of seclusion locked rooms, more frequent patient aggression, and further disruption on the unit for the general forensic/Not Criminally Responsible patient population; but also moral distress related to a working environment that is not conducive for providing appropriate therapeutic care.¹⁻³

Kennedy argues that stress and burnout with providing geriatric care is related to lack of knowledge in providing care for this population, conditions of

work, including staffing, heavy workload; and taking care of clients with disabilities, agitation, or dementia.³ Åstrom et al also speak to overload as causing stress and burnout for caring for geriatric patients, “both quantitative overload i.e. more than a caregiver can do in a given period of time, and qualitative overload, i.e. the job requires skills and knowledge exceeding those of the staff.”⁴ Åstrom et al. supports increased training of the staff concerning the special needs of dementia patients, medical treatment of dementia, and improvement of relationships between patients and staff.⁴

It is the purpose of this paper to highlight the urgent matter of caring for seniors in forensic settings and to explore possible interventions that can facilitate this process.

BACKGROUND

Heck and Herrick declared, “forensic clinicians working with older adults face a continually growing population with complex medical, psychiatric, psychological, and psychosocial issues.”⁵

Seeing the trend in the aging population and the increased prevalence of dementia is extremely critical when we consider what this means to the psychiatric community. Kim et al explored the clinical and criminal characteristics of dementia patients who had been incarcerated because of criminal activity.² “It may also be possible that legal violations by dementia patients will become another distressing problem in the future, considering that behavioural and psychosocial dysfunction are sometimes associated with advanced dementia; Several studies have reported increased aggressive behaviour in dementia patients compared with the normal population.”² The increased aggressive behaviour seen with dementia is alarming when considering the potential for committing serious violent crimes.

“The increasing number of elderly offenders and the likelihood that this subgroup may have high rates of psychiatric morbidity suggests that there might be an unmet need for appropriate psychiatric hospital places for such individuals who require greater levels of security than standard old age units. However, such needs may not be met appropriately by placement in existing forensic psychiatric facilities.”⁶

Heck and Herrick stated seeing an increase of elderly patients referred for competence to stand trial restoration related to serious felony charges. “Conducting a thorough trial competence assessment is vital to not only the defendant but to the legal process as well. For instance, if a defendant is declared unrestorably incompetent to stand trial, the judicial process ceases and the individual can either be released to the community, or involuntarily civilly committed to a psychiatric hospital.”⁵

In Canada, forensic psychiatric hospitals detain individuals deemed unfit to stand trial and those given a verdict of not criminally responsible on account of mental disorder. If an individual is deemed to be unfit to stand trial, it means that this person:

“is unable on account of mental disorder to conduct a defence at any stage of the proceedings before a verdict is rendered or to instruct counsel to do so, and in particular, unable on account of mental disorder to:

- a. understand the nature or object of proceedings;
- b. understand the possible consequences of the proceedings; or
- c. communicate with counsel.”⁷

Patients with dementia are likely to never be found fit to stand trial, and because of the progressive nature of different neurocognitive disorders, fitness is considered to be unrestorable. But even with such a disposition of being unfit, there is still the question of what that will mean for the patient’s future. Considering placement after such disposition is very difficult, because these types of patients don’t fit into a neat category – correctional care would not be a suitable environment for someone with dementia, and seniors care homes generally lead to decline in the patient because of the stigma of having a forensic label. Hence, the author’s argument for further research into the design of a new psychogeriatric forensic centre.

Ethical issues are also raised if a patient with dementia is found fit to stand trial, such as: “how will the dementia patient serve his sentence? Will he go to jail? What will happen when his cognitive state declines?”⁸

The Canadian health care system needs to act towards mitigating the impact and strain on resources as the Baby Boomer demographic ages. This may mean increasing frontline nurses with adequate training in the future to provide care in geriatric services, but also recognizing that there is a need for nurses to be better trained in managing the geriatric, and thus, geriatric forensic, mental health population. Valdez et al also argue that, “the challenge for geriatric training is one of growing public health significance, because long-term care facilities continue to experience a rise in the admission of criminal offenders with histories of mental illness who require specialized medical care.”⁸ Kim et al. state, “It may be important to find potential factors triggering criminal behaviour in dementia patients to prevent unwanted sequelae.”²

Forensic systems need to consider that there will be longer length of stays for these type of patients, and the impact this will have on forensic nursing staff and other forensic patients. Certainly, with the demanding needs of caring for a patient who requires frequent redirection, reorientation, as well as managing any concurrent medical concerns, it is difficult for forensic nurses to feel they are providing the appropriate care when the environment is not conducive to geriatric-centered care. Nurses have also voiced moral distress related to the management of geriatric patients within forensic/correctional policies such as needing to have the patients shackled to attend court or medical appointments, lack of age-appropriate programming, and concerns for end-of-life care.

EVIDENCE IN THE LITERATURE

Three populations were explored with the context of dementia and the justice system: patients with dementia who enter the forensic system, aging inmates in corrections, and criminal offenders in long-term residential care. The literature suggests that there is a dilemma as to where this population is best managed as there are no appropriate designated psychiatric facilities for the elderly offenders.

Aging inmates in a correctional facility also have the same concerns regarding the care trajectories as they age. De Smet, et al, state that age-related cognitive disorders are an underestimated element in the forensic evaluation of older offenders, and that “the need for an early mental health assessment, particularly for age-related cognitive mental disorders and physical problems is warranted.”⁹

Regarding patients from long-term residential care, “very little has been published on the epidemiology or issues regarding criminal offenders in long-term care facilities.”⁸ In the case study by Valdez et al.,⁸ nursing home staff voiced being highly distressed with having to care for a patient who was diagnosed with vascular dementia, had a history of incarceration for sexual assault; “some staff members wondered if it would be appropriate for them to file criminal complaints regarding his behaviour. Others perceived his actions and verbal threats as posing an immediate danger, and suggested that it was the responsibility of the nursing home administration to protect them, as employees, from assaults.”⁸

OPTIONS FOR ACTION

Based on the author’s lived experience working with geriatric forensic patients, a few recommendations for action were discussed with senior management.

Option One: Provide Gentle Persuasive Approach Training to Forensic Staff

The Gentle Persuasive Approach is an innovative dementia care curriculum based on a person-centred care approach, using the application of emotional, environmental, and interpersonal communication strategies to prevent and diffuse responsive behaviours.¹⁰ Tomar et al. noted that forensic services may be less willing to admit older people because of concern about staff lacking appropriate training in old age psychiatry.⁶ Hence, it may be most appropriate to have forensic nurses trained in managing behavioural concerns through different courses such as redirection rather than reality-basing. If staff can effectively recognize and intervene, the concerns of dementia patients becoming agitated may be mitigated, thus decreasing staff’s frustration and burnout. Kennedy argues that, “Special emphasis in educating staff should include dealing with emotional needs of an aging population, such as strategies to help clients deal with grief and behavioural intervention techniques for cognitively impaired clients.”³

This option allows forensic systems to use existing resources to support geriatric forensic patients effectively. Enhancing the information and capabilities of staff is important to mitigate the stress of staff feeling like they do not have adequate knowledge. Being able to appropriately provide psychogeriatric care will likely decrease unwanted behaviours and minimize agitation in patients who are cognitively impaired. As Tomar et al. suggest, this includes building working relationships between psychogeriatric services and forensic services to improve care to the elderly forensic population.⁶

Option Two: Hold an Ethics Review for Staff to Discuss the Use of Therapeutic Lying

It would be of utmost value to have the nursing team come together and voice their concerns of how psychogeriatric care fits into a forensic setting. The use of therapeutic lying – “lies told when deemed to be in

the person's best interests" – should be discussed as an approach and an intervention.¹¹ Geriatric forensic patients, who cannot appreciate or understand their legal situation, arguably would benefit more from therapeutic lying when it comes to their charges, as it would minimize 'truth-related distress.'

Of course, the use of deception raises strong opinions and feelings which include the idea that it is unethical and disrespectful to lie to a patient with dementia, or that it affects the therapeutic relationship with other patients when they witness staff lying.¹² Elvish et al. state "recent debates in the literature have encouraged professionals to re-examine their views on lies, as both a means of communication and as a therapeutic tool."¹² A way to alleviate nursing staff's moral stress related to lying to a patient with dementia would be to further discuss therapeutic lying with the Substitute Decision Maker (SDM) and obtain permission to use it as an intervention.

Option Three: Modify Existing Policies and Procedures to Support Appropriate Geriatric Care

Other strategies to enhance the quality of work life of nurses include providing support, teamwork, evaluating job duties and workload, assessing staff needs, training staff, and stress-reduction activities.³ Åstrom et al also speak to the overload "both quantitative overload i.e. more than a caregiver can do in a given period of time, and qualitative overload, i.e. the job requires skills and knowledge exceeding those of the staff."⁴ Through these other strategies, forensic centres would be allowed to adapt and tailor the nursing care to the needs of patients with dementia.

Modifying of policies and procedures would be important in alleviating the workload of nursing staff. Some examples of policies and procedures that are being considered to modify would include the amount and frequency of monitoring and documentation which would allow nurses to have a lighter patient load while only requiring charting at a reduced and as-needed frequency as opposed to hourly charting. There are also certain security procedures for discussion, such as not requiring strip searches or physical searches when returning from medical appointments, allowing for patients to wear their own clothing to attend court and appointments to enhance their dignity, and using

security and nursing escorts, so as not to require correctional staff to shackle the patient for any transports outside the facility.

Option Four: Augment Baseline Staffing with Psychiatric Care Aides in the Skill Mix

Appropriate staff mix is essential to explore when considering mitigating overload of work. Appropriate staff mix would ensure registered nurses, licensed practical nurses, and augmenting the baseline staffing to use of psychiatric care aides. Psychiatric care aide coverage should also support 24-hour care. Assistance for activities of daily living, and providing redirection, distraction, and reorientation are integral parts of the nursing team being able to manage the workload.

Having an appropriate skill mix contributes to lower scores of burnout and higher empathy scores and more positive attitudes.⁴ Easing the workload by having psychiatric care aides manage simpler tasks frees up time for the regular staff to carry out higher priority job functions, such as psychiatric assessments, and management of other acute psychiatric patients. However, it should also be noted that psychiatric care aides would also be susceptible to burnout and moral distress issues as well, and therefore this option helps with the management of geriatric patients, but is not a permanent solution.

Option Five: Create a Secure Forensic Unit for Geriatric Populations

The literature suggests that we need to consider a long-term solution to create a secure unit specific to geriatrics with a forensic background. Tomar et al. argue that "Given the demonstrated high prevalence of psychiatric morbidity in elderly offenders and the rising number of elderly offenders in prison, there is a clear need for an appropriate forensic psychiatry service for elderly offenders with mental disorder."⁶ Tomar et al. also goes on to suggest that "developing an integrated approach between the local old age and forensic psychiatric services in the form of joint training initiatives and the development of old age psychiatric liaison services to prisons and/or forensic psychiatric units, might be an effective way for improving care of elderly forensic population in the first instance."⁶

Creating a secure forensic unit for geriatric patients would create an environment that is conducive

to proper psychogeriatric care, including things like single lockable rooms, beds with adjustable heights and side-rails for easier mobility. Other things that could be considered are warm wall colours, large-print signs, and allowing the patients to have more personal items like family photos in their rooms. Creating recreational programs specific to geriatrics, like music groups or walking groups, would assist with behavioural activation for the patients. Though small things can be adjusted on existing forensic units to assist with management and reorientation of geriatric patients, again, there remains the concern of still requiring the staff to provide appropriate psychogeriatric care.

RECOMMENDATIONS FOR ACTION

Based on analysis, the author recommends a combination of the first three options. The proposed courses of action have an impact on the healthcare/well-being outcomes of geriatric patients in the forensic setting, the clinical practice of forensic nurses providing psychogeriatric care, and the policies of how forensic/correctional staff (including security, sheriffs, review boards, etc.) manage this specialty population. Not only are these options easier to implement, the costs are less, and the options for action recognize the nurse's experience and have a great impact on the immediate need to address the staff's concerns regarding burnout and moral distress related to providing psychogeriatric care in a forensic setting. Given the high probability of increased demand for psychogeriatric forensic care, the author recommends further research into the design of a Psychogeriatric Forensic Centre.

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