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Mental disorder in elderly offenders in the Netherlands

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Elderly Justitiabiles in The Netherlands

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In collaboration with The Netherlands Institute of Psychiatry and Psychology
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overview

- ageing population and Justice
- update on 60+ criminality
- elderly offenders with mental disorder,
- psychiatric morbidity in elderly prisoners
- age specific criminal law ?
- age adapted facilities in detention?

Criminality in old age

recent concern of department of justice

common opinion was

- First offence rare
- Less violence
- More sex offences in men
- Less recidivism
- More conditional and alternative sentences

'Aspects of crime in the elderly NL'

Dpt. of Justice, 2009

Questions

- more elderly offenders?
- relationship between normal ageing of the brain and criminality/impaired judgment?
- criminal law for the aged?

65+ offenders NL (Dpt. of Justice 2009)

- 2007: 5500 suspects 65+ (+85% since 1996)
- „ 2.3% suspects 65+ (+0.5% „ 1996)
- N-elderly suspects down with age, but 80+ up 4x
- Crime: 65+ (1) traffic (2) <<property
„ <65 (1) property (2) violence
- 45% of judges consider age relevant for type of sentence
30% of 65+ cases: medical/psychiatric assessment required

Criminality related to normal ageing of the brain ?

Recent literature:

- No age-specific loss of brain function
- deterioration of some cognitive functions, no general decrease in mental capacity
- ageing brain less emotional, better self control
- (ageing) brain plasticity: lost functions may be compensated
- large individual variation in brain ageing

Criminal law for the aged?

actual situation

- NL: old age not explicitly mentioned in criminal law articles
- NL: old age no impediment for prosecution, as in children < 12 yr
- some countries: old age considered in court:
 - free lawyer (Japan)
 - milder punishment (Sweden)
- nowhere ‘seniors criminal law’ (cf. minors)

Review of recent studies on criminality in the aged

- elderly compared to younger adult-offenders
- USA, Japan, Israel, UK, Germany, Sweden and The Netherlands
- subjects
 - *first-time offenders*
 - *types of offence*
 - *role of mental disorder*
 - *mode of punishment*
 - *accountability*

*Literature review
criminality in the aged*

results

- in 60+ convicted, >50% first offence
- less severe crime (shoplifting, fraud)
- more sexual delinquency
- serious offenses mainly sexual (with children)
- less detention
- conditional/alternative sentences

First-time offending in old age

Associated factors in the literature

- fronto temporal cerebral disease
- abuse of alcohol and drugs
- poverty/relative deprivation
- social isolation leading to inadequate behavior (pedosex, shoplifting, trading soft drugs)

Elderly Justitiabiles in The Netherlands

in the 2000-2008 database of the Netherlands Institute
of Forensic Psychiatry and Psychology (NIFP)

NIFP assesses all offenders with suspected mental
disorder

justitiabiles, NL

- suspects or convicted persons
- ambulant or in detention
- if indicated: mental health assessment (MHA)
 - by court order (accountability/mental capacity)
 - psychiatric consultation (treatment)
- 2007 : >9000 court order MHA's,
„ 240 „ „ „ in 55+ (<3%)

mental health assessments
55+ NL, 2000-2008

persons/year

– 2000-2002	<i>186</i>
– 2003-2007	<i>301</i>
– 2008	<i>381</i>

*mental health assessments**
NL 55+, 2008

<i>age</i>	<i>female</i>	<i>male</i>	
55-59	35	247	
60-64	13	137	
65-69	5	65	
70-74	-	19	
75+	-	14	
	—————	—————	
	53	482	(1/9)

*overlap court order and consultations 30% -> number of persons: 381

**mental health assessments
NL 55+, 2008*

<i>Offence</i>	<i>female</i>	<i>male</i>
violence	12	102
homicide	14	115
arson	4	29
fraud	4	26
sexual	0	57
sex + minors	0	52
drugs	4	17
other	pm	pm

* N=436

Mental health assessments

NL 55+, 2008

diagnosis

	<i>court order (297)</i>	<i>consultation(246)</i>
	<i>%</i>	<i>%</i>
psychosis	10	13
affective dis.	9	24*
organic m.d.	7	8
sexual	10	6
other + Axis2	40	35
no diagnosis	24	14

Mental health assessments
NL 55+, 2008

accountability

N= 297

	%
unaccountable	4*
partially unaccountable	26*
fully accountable	15

*less accountable in just 10% of court ordered assessments

Mental health assessments 55+ ,NL 2008

<i>Advice to court N = 297</i>	<i>%</i>
• outpatient treatment	21
• rehabilitation program	20
• sheltered living	2
• day-treatment	5
• psychiatric hospital	5
• medication	4
• no advice	43

Elderly in detention

-Detention rates

-NL

-psychiatric morbidity in elderly prisoners

-NL crisis intervention in prison

detention rate 2006

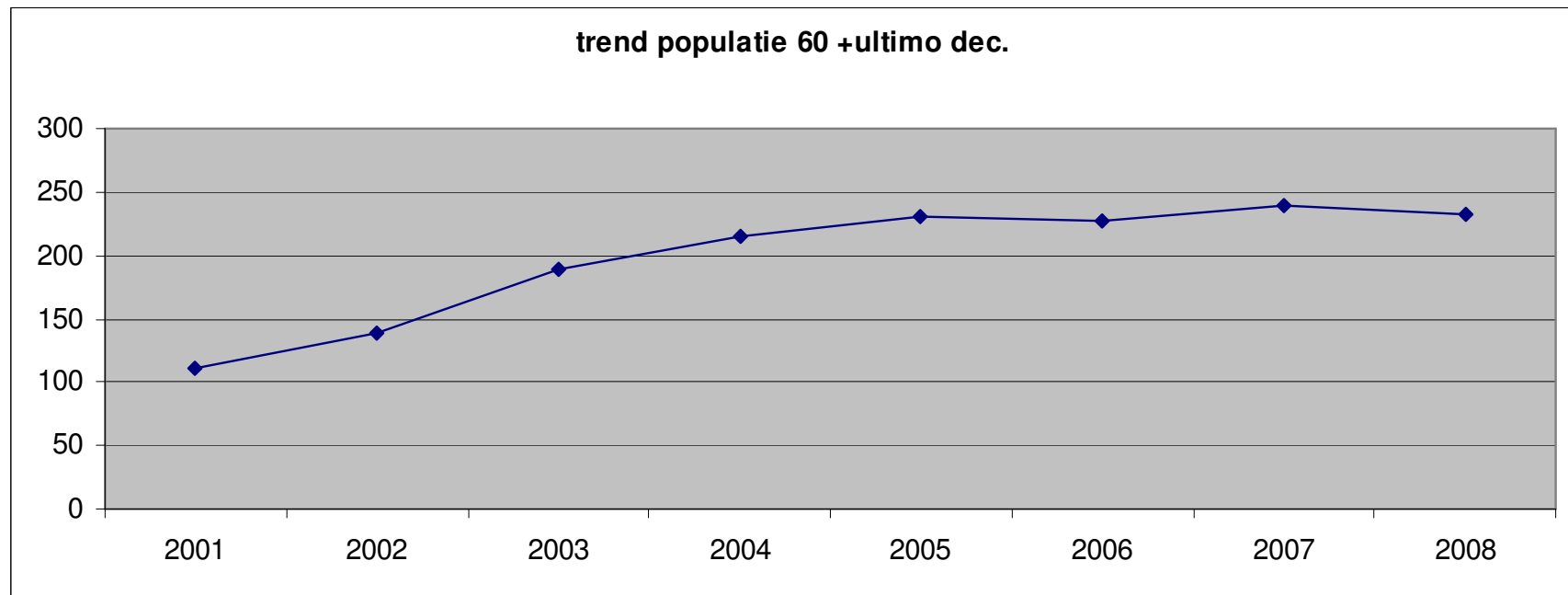
in western world: 15% of the population is 60 and older

in detention/100.000

	<i>all ages</i>	<i>%60+</i>
Europe	'100'	1
USA	738	2
Netherlands	128	1.5

60+ in detention NL

(Dpt. of Justice 2009)



Psychiatric morbidity in elderly prisoners

(Fazel e.a., Brit.J.Psychiat. 2001)

1055 sentenced male prisoners 60+ in UK

		%
offence	sexual	49
	violence	24
	drugs/alc	14
DSM-IV	psychosis	4.5
	depressive dis.	33
	dementia	1
	antisocial p.d.	8.3
	any pers. dis.	30

NL, Penitentiary Crisis Intervention Unit

Elderly patients

1992-2008*	N
55-59	43
60-64	11
> 65	3

*2% of all patients

Crisis Intervention 55+ NL

offence N = 57

1992-2008

arson	10
drugs	8
sexual	6
homicide	14
violence	6
theft	6
unpaid fine	1
rest	6

Crisis Intervention 55+ N=57

1992-2008

Diagnosis N = 57*

– organic mental disorder**	17
– schizophrenia	18
– schizoaffective disorder	3
– bipolar I manic	2
– depressive (incl. psychotic)	7
– Axis II, cluster B	3
– other	7

- *one diagnosis per patient
- **including 2 dementias

1992-2008 Crisis Intervention 55+
N=57

Discharged to:

Penitentiary setting

- Regular 10
- Special care unit 21

Mental Health setting

- Psycho geriatric unit 2
- Psychiatric hospital 11

-
- End of term/conditional leave 12
 - Suicide 1

Age adapted detention setting?

in favor: (USA, D)

- Protection against aggression of younger inmates
- Compensation for physical and sensorial disabilities
- Nursing facilities for chronic illness

against: (UK, NL)

- Small demand
- Mixed preferred by young and old inmates
- Existing prison care facilities take all ages
- Dementia/deterioration makes a person unfit for detention

*no age adapted detention needed
in NL*

- modest increase of elderly in 3d age in detention
- their demand for care and guidance can be met by existing special care units
- in case of serious and debilitating conditions patients will usually be discharged to general or mental health care.

conclusions

- with ageing population no absolute increase in elderly offenders
- no relationship between brain ageing and criminality
- old age does not justify special criminal law
- old age is relevant in actual practice in court
- the Department of Justice has no need for special services for the elderly as a consequence of ageing of the population