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BACKGROUND

FIS are a highly specialist services providing care at the intersection of mental health and criminal justice systems.¹ An under-researched area of care within FIS is care for people living with dementia (PLWD). This is despite a predicted 80% increase in dementia prevalence in the UK by 2040,² and a higher prevalence of risk factors for dementia within FIS such as head injury,^{3,4,5} mild cognitive impairment,^{6,7} and diabetes.^{8,9,10} To date there has not been an exploration of care or caregiving experiences for PLWD in FIS, and this study is the first qualitative study of dementia care in FIS globally.

METHODS

RESEARCH QUESTIONS

- How well do staff perceive the physical, emotional and psychological needs of PLWD/possible dementia in FIS are met?
- How prepared and confident are staff to meet the needs of PLWD/possible dementia in FIS?

ETHICAL APPROVAL

Ethical approval was granted by the Health Research Authority (HRA) and Health Research Wales (HCRW) (reference 24/EM/O183) before recruitment began. The study was sponsored by the University of Liverpool (reference UoL001760)

ELIGIBILITY CRITERIA

INCLUSION

Staff working in any professional capacity in an FIS in the UK with inpatients who were either:

- Aged 18+ and had a confirmed diagnosis of dementia.
- Aged 65+ and believed by the clinical team to fit the criteria of a dementia diagnosis.

EXCLUSION

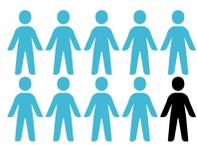
Individuals not speaking English to a level that allowed participation at interview.

PROCEDURE AND ANALYSIS

- Participants were recruited using purposive sampling and engaged in narrative interviews.
- Interviews were analysed using an inductive approach to narrative analysis.

RESULTS

PARTICIPANTS



Ten participants were recruited from multiple services within two NHS Trusts in north of England. One participant consented to participate but did not book an interview.



A range of professions and roles were represented including Mental Health Nurses (n= 4), Consultant Forensic Psychiatrists (n=2), Core Psychiatry Trainee (n=1), Social Worker (n=1), and Support Worker (n=1)

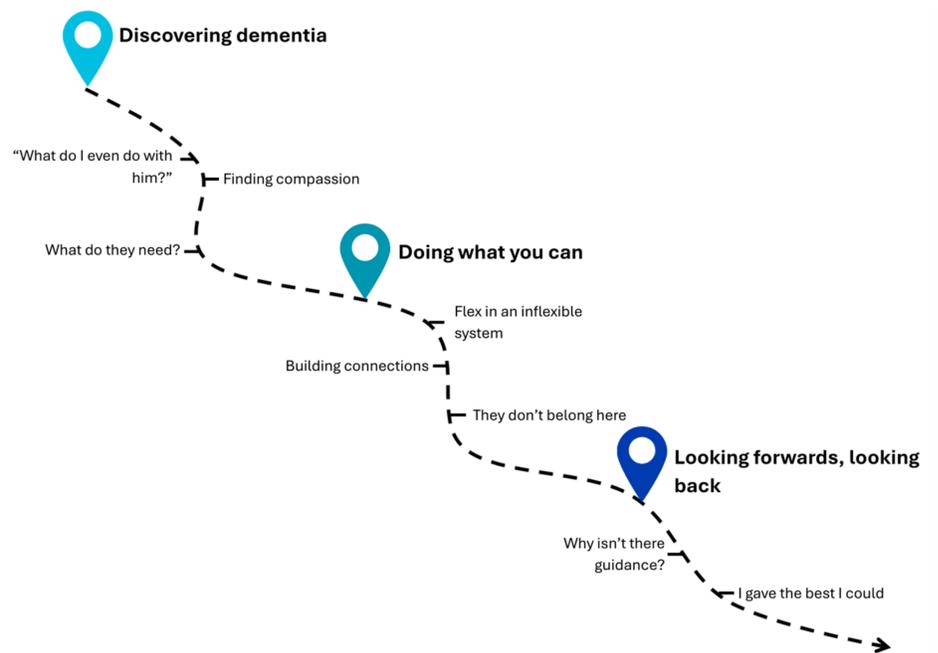


Participants were predominantly from Medium Secure Units (MSU) (n=7) with one participant working in a Low Secure Unit (LSU), and one working in both MSU and LSU.

META-NARRATIVE

Participant interviews revealed a journey of discovery and uncertainty when providing care for PLWD in FIS. Participants universally discussed the challenge of caring for individual(s) they believed were inappropriately placed in FIS (irrespective of their offending history). Participants did not feel prepared or confident to meet the needs of PLWD.

Participants emphasised the frustration of recognising necessary care adaptations, but not being able to implement these due to the security restrictions of FIS. Adaptations included environmental changes and adaptations to nutritional provisions. Participants also discussed instances of reducing or subverting FIS restrictions to meet perceived patient need.



CONCLUSIONS

This was the first study of its kind and as such, comparison to the wider experience of staff in FIS should be approached with caution.

The meta-narrative produced, represented a collective story of discovery and reflection, with participants describing adjusting to the idea of caring for a patient with dementia; attempting to adapt within a fundamentally rigid system that was inappropriate for PLWD; and finally reflecting on the care they had given and considering improvements, in the form of recommendations for future practice.

STRENGTHS AND LIMITATIONS

A key strength of the study is its novelty. To date this is the only study exploring the provision of dementia care in FIS. Participants represented a professionally diverse group, and the diverse nature of wards and services meant that the study was able to identify micro-cultures present in FIS.¹¹

IMPLICATIONS AND RECOMMENDATIONS

Participants did not feel confident or prepared to meet the needs of this client group and care needs were poorly understood. Despite the best intentions and effort of the staff participants, elements of care were overlooked due to poor knowledge, hospital system, or the wider forensic system.

Following this study it is recommended that:

- FIS implement dementia awareness training incorporating information on early indicators of dementia.
- Collaborative practice agreements between FIS and local dementia assessment services.
- Further research that platforms the voice of PLWD in FIS.
- Research into and development of specialist dementia provisions within FIS.

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