

### 203 - Decisional capacity and advance care planning in older people who are incarcerated

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#### Abstract:

There is a growing number of older people incarcerated across the United States. With a population of greater than 300 million, the US has 5% of the world's population, yet incarcerates 25% of the world's prisoners. From 2000 to 2005, the percentage of prisoners in federal and state correctional institutions who were 55 and older increased by 33%. According to the American Civil Liberties Union older prison population has climbed 1300% since the 1980s, with 125,000 inmates aged 55 or older incarcerated.

Correctional facilities are the largest mental health institutions with 1 out of 5 individuals with serious mental health or substance use disorders. These facilities lack the capacity to provide long-term care for those with severe physical or mental health disorders even in the most ideal circumstances. Individuals within the criminal justice system have a higher burden of chronic physical and health disorders and have a lower life expectancy.

Health care decision making is one area where patients in custody have autonomy in discussing advance directives, substitute decision makers and medical decision making. However, prisoners are at risk of suboptimal care, unmet palliative and end of life care needs, and lacking or inappropriate surrogates. Without documentation of advance directives or surrogates there are bureaucratic, practical, and legal barriers particularly for those without family or friends. In addition, some individuals involved in the correctional system's only surviving family members may also be their victims, thus have a conflict of interest.

This presentation will explore capacity and substitute decision making for individuals involved in the criminal justice system who have severe mental and physical health disorders. A case description will be used to illustrate a decision-making tree for patients who are incarcerated. As the world population continues to age, the number of older people who are incarcerated and unable to make healthcare decisions will continue to increase. In this special population, correctional system clinicians and providers need to be familiar with strategies to address the need for advance care planning before older people lose decisional capacity.

### 204 - Psychological distress and support needs of community residing older adults in urban India – An exploratory study

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**Background:** COVID pandemic in India, lockdowns and an unprepared health system has affected wellbeing of older adults. Low public awareness about mental health issues and stigma also contribute to low help seeking. Exploring impact of COVID on mental health of older adults and understanding support needs is essential.

**Research Objective:** To examine mental wellbeing and coping strategies used by urban community residing older adults during the pandemic in India.

**Method:** As part of an ongoing community engagement initiative with older adults and their families, an online survey was conducted during the first wave of the pandemic in April/May 2020. Sociodemographic details and information on coping strategies were gathered. The five-item General

Health Questionnaire (GHQ) was used to screen for psychological distress and data were analyzed using descriptive statistics. Respondents were contacted again in May 2021 during the second COVID wave for a telephonic interview to understand current levels of distress and coping strategies. Consent was taken for audio recording and interviews were conducted using a semi-structured interview guide. Interviews were transcribed and analyzed using thematic analysis.

**Preliminary results of the ongoing study:** Respondents (N=54) aged between 40-86 years (Mn = 60; SD = 18.9). Majority were male (61%), retired or homemakers (57%) and widowed/unmarried (52%). Of the sample 70% had one or more pre-existing medical conditions. A score of  $\geq 2$  on GHQ in 66% respondents indicates psychological distress. Stressors included health and well-being of family (62%), difficulty managing household work (42%) and increase in family conflicts (17%). Although 72% discussed their worries with family/friends, only 25% considered speaking with a mental health professional indicating low help seeking. Of respondents contacted again, 40% cited ill health or being busy as reasons for refusal to participate. Of those who agreed, 33% reported psychological distress. In-depth interviews, showed use of online mental wellness sessions and yoga/meditation to be beneficial coping strategies. Need for more online support groups was also highlighted.

**Conclusion:** Psychological distress is present amongst community residing older adults in urban India. A change in attitude towards tele mental health must be leveraged to provide support for adults experiencing psychological distress.

## **205 - Holocaust survivors residence in Israel and nursing homes around the world during COVID-19 pandemic**

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### Abstract

Significant risk factors for Covid-19 infection include old age ,somatic illnesses as well as psychiatric and neurological illnesses such as dementia and schizophrenia .

This lecture reviews the specific case of measures and considerations that were used to protect elderly holocaust survivors with severe mental illness or dementia, in Israel. We had to protect our residents from the virus, yet preserve certain autonomy.

In addition this lecture reviews global aspects of nursing homes struggle during the pandemic as reflected in various periods (at beginning in march 2020, during various waves and after vaccinations). During the pandemic 100 holocaust survivors were monitored and protected in their long term residence at Lev-Hasharon mental health center, Israel with variety of measures such as recurrent PCR tests to inpatients and staff, isolation during fever and after emergency department visits etc. The features of caregivers visits changed in time. The safety measures that were taken in our nursing home and around the world is reviewed as well as the demand for preserving the autonomy and rights of the tenants.