Final Report

Discussion Forum on Ageing, Brain Health and Cognitive Impairment in Irish Prisons

June 2026

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Scoil an Dlí | School of Law

GLOBAL BRAIN HEALTH INSTITUTE

Trinity Long Room Hub
Arts & Humanities Research Institute

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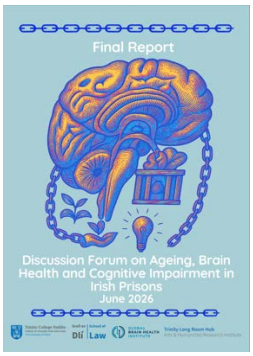

Cover artwork by anGie seah, Atlantic Fellow for Equity in Brain Health and Artist from Singapore.

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EXECUTIVE SUMMARY

On the 27th May, 2026, forty-four (44) participants, representing over 20 different organisations, several professional disciplines and areas of expertise, gathered in the Neill Lecture Theatre, Trinity Long Room Hub, Trinity College Dublin for a discussion forum on ageing, brain health and cognitive impairment in Irish prisons. The forum, jointly hosted by the Global Brain Health Institute and the School of Law's Crime and Punishment Research Group, Trinity College Dublin, sought to develop a shared understanding of how ageing, brain health and cognitive impairment intersect within the prison environment; identify and synthesize existing evidence, data sources, policy initiatives, and practices on ageing, brain health, and cognitive impairment among prison populations; propose an agenda for future research and policy engagement on the subject at the domestic level; and create a multidisciplinary space for ongoing dialogue and collaboration.

Prison populations across the world are ageing at an unprecedented rate,[1] including in Ireland, where the proportion of sentenced prisoners aged 50 years and over stood at 18.2% in 2023, representing a two-fold rise in just one decade.[2] Most prisons are fundamentally not age-friendly and are ill-equipped to meet the complex health, social, and cognitive needs of older persons deprived of liberty—particularly those living with mild cognitive impairment (MCI) or dementia. Older adult prisoners experience significantly poorer health outcomes than age-matched individuals in the community,[3] and incarceration accelerates biological ageing.[4] Further, fundamental questions arise about the purposes of ongoing incarceration for such individuals as well as concerns about how developments in law and policy on assisted decision-making are being applied in the context of incarceration.

The forum included an introductory presentation on ageing, brain health and cognitive impairment in prisons, a brief presentation on dementia health care in the Irish Prison System, as well as three (3), 40-minute facilitated discussion sessions, covering several of the topics and questions identified during the registration process. The forum was the start of an important conversation among experts to examine the intersection of several of these issues, identify concrete actions and next steps to inform future research, practice and policy development.

The following are some of the key messages arising from the robust discussions:

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[1] Global Prison Trends 2025. https://www.penalreform.org/resource/global-prison-trends-2025/; Miller KEM, Shen K, Yang Y, Williams BA, Wolff JL. Prevalence of Disability Among Older Adults in Prison. JAMA Netw Open. 2024 Dec 2;7(12):e2452334. doi: 10.1001/jamanetworkopen.2024.52334. PMID: 39729319; PMCID: PMC11681372.

[2] Irish Penal Reform Trust. Facts & Figures. https://www.iprt.ie/prison-facts-2/#:~:text=In%20October%202023%2C%20of%207,18.2%25%20of%20all%20sentenced%20prisoners; Irish Prison Service. Irish Prison Service Strategy 2023-2027 https://www.irishprisons.ie/wp-content/uploads/documents_pdf/IPS_Service_Strategy-2023-2027-1.pdf.

[3] Irish Penal Reform Trust. "In Here, Time Stands Still": The Rights, Needs and Experiences of Older People in Prison (2016). https://www.iprt.ie/site/assets/files/6388/iprt-older_people_in_prison_report_web.pdf; Davoren M, Fitzpatrick M, Caddow F, Caddow M, O'Neill C, O'Neill H, Kennedy HG. Older men and older women remand prisoners: mental illness, physical illness, offending patterns and needs. Int Psychogeriatr. 2015 May;27(5):747-55. doi: 10.1017/S1041610214002348. Epub 2014 Nov 27. PMID: 25428523; PMCID: PMC4409101.

[4] Greene M, Ahalt C, Stijacic-Cenzer I, Metzger L, Williams B. Older adults in jail: high rates and early onset of geriatric conditions. Health Justice. 2018 Feb 17;6(1):3. doi: 10.1186/s40352-018-0062-9. PMID: 29455436; PMCID: PMC5816733.

KEY MESSAGES

1. Ireland's prison population is ageing rapidly. However, the cohort of older persons deprived of liberty in prison settings is not homogenous – some persons are ageing in prison due to long sentences, others are entering prison as older adults due to historic sexual offences, some are committing criminal offences related to undiagnosed dementia, and others (often, but not always with an underlying brain injury) are on remand for long periods of time.

2. Dementia in prisons is challenging for both the person deprived of liberty and staff. However, data on the prevalence of dementia in Irish prisons is currently lacking and there are also significant challenges with the screening for mild cognitive impairment in prisons.

3. Stigma is a significant barrier to addressing ageing, brain health and cognitive impairment in prisons. Various types of stigma are evident, namely: stigma regarding age, mental health, dementia, being in prison and being ignored in the system.

4. While there are significant restrictions on certain rights and freedoms in prison environments, the application of the Assisted Decision-Making (Capacity) Act, 2015 is still relevant given the need of persons deprived of liberty in prison settings to still make certain decisions, such as whether to consent or refuse medical treatment. Further, an Advance Healthcare Directive– an important planning tool and legal document– is also relevant for persons deprived of liberty in prison settings to plan ahead for future healthcare and medical treatment decisions.

5. Navigating the boundary between continued detention and detriment to the protection of dignity and infringement of other rights of the individual is not always straightforward. In practice, there may be tension between ethics, law and prison regulations.

6. There are existing programmes, such as the Irish Red Cross, Meals on Wheels, and art-based and educational programmes, such as Storybook Dads, which several persons deprived of liberty in prison settings benefit from. However, since these programmes are optional, uptake is dependent on the individual and not everyone is in a position to gain.

7. The purpose of imprisonment is not just holding people to account but also rehabilitation. However, in advanced cognitive impairment scenarios, neither of the rationales for sentencing is possible. The question that arises is therefore at what point does imprisonment become incompatible with these principles, and with the right to protection of the person, including human dignity.

8. The Office of the Ombudsman is precluded from receiving any complaints from persons deprived of liberty in prison settings. However, all persons should have the right to make complaints to the Office of the Ombudsman.

9. The prison system and existing structures are ill-equipped to address ageing, brain health and cognitive impairment. However, if we can improve brain health in prisons, we can improve it anywhere. As such, improving prison design and practice to improve brain health in general, but also to help people ageing in prison is important and necessitates consideration of the space – both indoors and outdoors, sound, loneliness, culture and relationships, movement, good mental and physical health care, and training for staff to identify arising or pre-existing problems, among other factors.

10. In thinking about the optimal future for brain health in Irish prisons, engaging all partners in prevention will be pivotal. This might include brain health training for prison staff as well as raising greater awareness of brain health among persons deprived of liberty in prison settings.

The following priority actions or next steps were identified:

1. Preparation and dissemination of a report of the discussion forum;

2. Creation of a Working Group to advance work on obtaining data on dementia in prisons, such as through the establishment of a registry;

3. Provision of support for brain health initiatives in prisons, including co-creating training on brain health for prison staff; and

4. Collaboration on advancing access to assisted decision-making (capacity) and advance planning mechanisms, such as Advance Healthcare Directives, for persons deprived of liberty in prison settings.

1. INTRODUCTION

Background

Prison populations across the world are ageing at an unprecedented rate.[5] In Ireland, the proportion of sentenced persons aged 50 years and over stood at 18.2% in 2023, representing a two-fold rise in just one decade.[6] This demographic shift is colliding with prison facilities which were largely constructed in the 19th and early 20th centuries, at a time when ageing, disability, and cognitive impairment were not considerations.[7] The result is that most prisons are fundamentally not age-friendly and are ill-equipped to meet the complex health, social, and cognitive needs of older adults—particularly those living with mild cognitive impairment (MCI) or dementia.

Older adults in prison experience significantly poorer health outcomes than age-matched individuals in the community,[8] and incarceration accelerates biological ageing.[9] Cognitive impairment is the most common disability in older adults in prison, occurring at more than twice the rate observed in community-dwelling peers, yet remains often undetected and poorly managed within custodial settings.[10] Fundamental questions about the purposes of punishment in such scenarios remain unanswered. These issues raise further concerns about how developments in law and policy on assisted decision-making are being applied in the context of incarceration. Prisons are increasingly becoming places where people enter with or develop dementia, deteriorate rapidly, and in some cases die prematurely.

Against this backdrop, the discussion forum on ageing, brain health, and cognitive impairment in Irish prisons, co-hosted by the Crime and Punishment Research Group School of Law and the Global Brain Health Institute at the Neill Lecture Theatre, Trinity Long Room Hub on Wednesday 27th May 2026, was the start of an important conversation among key individuals and institutions, which examined how several of these issues intersect, identified concrete actions and established next steps to inform future research, practice and policy development.

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[5] Global Prison Trends 2025. https://www.penalreform.org/resource/global-prison-trends-2025/; Miller KEM, Shen K, Yang Y, Williams BA, Wolff JL. Prevalence of Disability Among Older Adults in Prison. JAMA Netw Open. 2024 Dec 2;7(12):e2452334. doi: 10.1001/jamanetworkopen.2024.52334. PMID: 39729319; PMCID: PMC11681372.

[6] Irish Penal Reform Trust. Facts & Figures. https://www.iprt.ie/prison-facts-2/#:~:text=In%20October%202023%2C%20of%207,18.2%25%20of%20all%20sentenced%20prisoners; Irish Prison Service. Irish Prison Service Strategy 2023-2027 https://www.irishprisons.ie/wp-content/uploads/documents_pdf/IPS_Service_Strategy-2023-2027-1.pdf.

[7] Kelsey V. Engstrom and Esther F.J.C. van Ginneken, Ethical Prison Architecture: A Systematic Literature Review of Prison Design Features Related to Wellbeing. Space and Culture. Vol 25, 3: August, 2022, pp 479-503. https://doi.org/10.1177/12063312221104211.

[8] Irish Penal Reform Trust. "In Here, Time Stands Still": The Rights, Needs and Experiences of Older People in Prison (2016). https://www.iprt.ie/site/assets/files/6388/iprt-older_people_in_prison_report_web.pdf; Davoren M, Fitzpatrick M, Caddow F, Caddow M, O'Neill C, O'Neill H, Kennedy HG. Older men and older women remand prisoners: mental illness, physical illness, offending patterns and needs. Int Psychogeriatr. 2015 May;27(5):747-55. doi: 10.1017/S1041610214002348. Epub 2014 Nov 27. PMID: 25428523; PMCID: PMC4409101.

[9] Greene M, Ahalt C, Stijacic-Cenzer I, Metzger L, Williams B. Older adults in jail: high rates and early onset of geriatric conditions. Health Justice. 2018 Feb 17;6(1):3. doi: 10.1186/s40352-018-0062-9. PMID: 29455436; PMCID: PMC5816733.

[10] Miller KEM, Shen K, Yang Y, Williams BA, Wolff JL. Prevalence of Disability Among Older Adults in Prison. JAMA Netw Open. 2024;7(12):e2452334. doi:10.1001/jamanetworkopen.2024.52334.

Objectives

The objectives of the forum were to:

1. develop a shared understanding of how ageing, brain health and cognitive impairment intersect within the prison environment;
2. identify and synthesize existing evidence, data sources, policy initiatives, and practices on ageing, brain health, and cognitive impairment among prison populations;
3. propose an agenda for future research and policy engagement on the subject at the domestic level; and
4. create a multidisciplinary space for ongoing dialogue and collaboration.

Participants

Forty-four (44) participants, representing over 20 different organisations and a plethora of professional disciplines and expertise attended the forum. Incorporating persons with lived experience was of central importance. While people with experience of incarceration were present at the forum, and people with experience of dementia were invited, it was not possible to find a family member or person with lived experience of dementia or cognitive impairment in prison. However, people with direct personal experience of supporting people with dementia were part of the forum. The network created by the forum should hopefully allow us to find ways to include the specific experience of cognitive impairment in prison in the further development of this work. See: **Appendix** for a complete **list of attendees**.

2. Preparatory Work

A small group, consisting of Mary Rogan, Professor of Law, School of Law, Trinity College Dublin; Brian Lawlor, Professor Emeritus of Psychiatry, Trinity College Dublin; Eoin Cotter, Education, Engagement and Strategy Lead, Global Brain Health Institute; and Kimberley Benjamin, Atlantic Fellow for Equity in Brain Health ('Steering Group'), met on the 12th January, 2026 to discuss the idea of working together on brain health in prisons globally, but starting locally. With the objectives (See the Objectives) clearly identified in a Concept Note, the group worked to identify a comprehensive list of individuals and organisations, from as many disciplines as possible whose work involved prisons, persons deprived of liberty in prison settings, persons living with dementia, older adults or other relevant matters. The Steering Group, along with two additional advisors - Carolina Skemas, Service and Interaction Designer at the Design Innovation Lab - St. James's Hospital and HSE Spark and Colin Regan, Atlantic Fellow for Equity in Brain Health, met again on the 21st May, 2026 to finalise plans and prepare for the actual event.

Importantly, the Registration Form provided an opportunity for those interested in attending the forum to submit suggested topics and questions. These inputs helped to inform the design of the final agenda (See: **Appendix for the Agenda**). A summary of the main topics and questions submitted by registered guests is included below:

Topics	Questions
Equal access to various types of services and supports available (in advance of release, under the Assisted Decision-Making (Capacity) Act 2015).	i. What types of supports are available in prisons, including under the Assisted Decision-Making (Capacity) Act?
Health and ageing in prisons (chronic diseases, end of life, access to clinical specialists, accelerated deterioration of brain health vs. need for mental health and social activities, greater awareness of preventative measures among persons deprived of liberty).	i. What is the role of brain health in rehabilitation? ii. What do we know about traumatic brain injury in prison populations? iii. What is the in-prison experience for people with cognitive impairment? iv. What is the experience of prison staff when working with people with cognitive impairment? v. What are the clinical approaches to dealing with cognitive impairment in prison?
Legal and ethical considerations (intersectional considerations of those likely to age in prison e.g. those sentenced for sexual offences and for life; Rights and dignity of persons with dementia; hours of lock up for individuals with cognitive decline).	i. What is the purpose of punishment in the setting of cognitive impairment? ii.How is justice served by keeping older persons with cognitive impairment in prison? / What are the ethical implications of detaining and imprisoning vulnerable individuals? iii. Where is the potential for rehabilitation? iv. What are the alternatives to imprisonment?

Outside of the prison service (community reintegration, identifying the responsibilities of agencies, socio-economic disadvantages, access to mental health services and supports, addiction services, continuity of care and services).	i. What connections to community-based services and equivalence of care exist? What is the experience of people with cognitive impairment upon release from prison/ what are their post sentence experiences?
Future Thinking for Prisons	Engaging service users and prison services to better understand needs to plan for better futures: i. If we were designing the Irish prison and justice system today with cognitive ageing in mind, what would we do differently from the outset? ii. What would a prison environment and legal process look like if they were truly cognitively inclusive by design — in communication, routines and decision-making? iii. How could the prison system be redesigned as part of a broader ageing-and-care ecosystem, rather than a stand-alone institution? iv. Looking 10–15 years ahead, what decisions or pilots do we need to start now to avoid failing an ageing prison population in the future?

Also prior to the forum, on the 25th May 2026, at a visit to the Midlands Prison at Portlaoise coordinated by Enda Kelly National Operational Nurse Manager, Irish Prison Service, a small group of Atlantic Fellows for Equity in Brain Health was able to learn about life in prison – not just for persons deprived of liberty but also from staff working in the prison. With the Midlands Prison housing the largest cohort of older adult prisoners in Ireland, including approximately 400 sex offenders – many of whom are also older adults, the Atlantic Fellows saw first-hand an entire wing of older adult men with significant healthcare needs being cared for by a small but dedicated team of multidisciplinary healthcare staff.

Finally, immediately before the start of the forum, a short film by artist Bernie Masterson entitled, *Incarceration Altars* was showcased. The film, co-produced with residents of Mountjoy Prison Campus in Dublin, investigates the relationship between person, place and object through a series of images and prisoners' narratives. More information is available here.

3. SETTING THE SCENE

The presentation by Brian Lawlor, Professor Emeritus of Psychiatry, Trinity College Dublin, sought to contextualise ageing, brain health and cognitive impairment within prisons as sitting at the intersection of public health, ageing, dementia and justice.

Globally, prison populations are ageing rapidly.[11] By 2030, it is estimated that one-third of persons in prison will be age 50 years and over (in the USA).[12] In Ireland, the demographic shift is already visible, with over 18% of sentenced prisoners currently over the age of 50.[13] According to Professor Lawlor, this is not just a demographic challenge but a major public health issue, compounded by the fact that Irish prisons are not designed for older adults or persons with cognitive impairment, such as dementia. Prison environments remain physically inaccessible, operationally rigid and generally ill-equipped to deal with complex health needs, especially those associated with a growing ageing population. Consequently, dementia may remain undiagnosed or misdiagnosed within prison environments.

Key figures at a glance:

- 1 in 3 persons in prison will be 50+ years by 2030 (in the USA).
- 18% of sentenced prisoners in Ireland are already 50+ years.
- Persons in prison die up to 20 years earlier than their community dwelling peers (UK data).
- Cognitive issues are more than twice as common among older adult prisoners compared to their community-dwelling peers (UK data).
- Estimated 7% prevalence of dementia in prisons, which is 3 times higher than in the general population (UK data).

While incarcerated individuals are known to age faster than the general population, Professor Lawlor presented data from the United Kingdom (UK) of prisoners there dying up to 20 years earlier than the general population from systemic causes related to poor baseline health, overcrowding, delays in accessing healthcare, and inadequate assessment and monitoring.[14] Further, cognitive difficulties are more than twice as common in older persons in prison compared to their community-dwelling peers[15] due to, what Professor Lawlor described as, a perfect storm of risk factors:- loneliness and isolation, depression and chronic stress, poor diet, low physical activity and lack of cognitive stimulation, mixed with overcrowding, violence, victimisation, traumatic

[11] Global Prison Trends 2025. https://www.penalreform.org/resource/global-prison-trends-2025/; Miller KEM, Shen K, Yang Y, Williams BA, Wolff JL. Prevalence of Disability Among Older Adults in Prison. JAMA Netw Open. 2024 Dec 2;7(12):e2452334. doi: 10.1001/jamanetworkopen.2024.52334. PMID: 39729319; PMCID: PMC11681372.
[12] Skarupski KA, Gross A, Schrack JA, Deal JA, Eber GB. The Health of America's Aging Prison Population. Epidemiol Rev. 2018 Jun 1;40(1):157-165. doi: 10.1093/epirev/mxx020. Erratum in: Epidemiol Rev. 2018 Jun 1;40(1):1. doi: 10.1093/epirev/mxy006. Erratum in: Epidemiol Rev. 2018 Jun 1;40(1):1. doi: 10.1093/epirev/mxy008. PMID: 29584869; PMCID: PMC5982810.
[13] Irish Penal Reform Trust. Facts & Figures. https://www.iprt.ie/prison-facts-2/#:~:text=In%20October%202023%2C%20of%207,18.2%25%20of%20all%20sentenced%20prisoners; Irish Prison Service. Irish Prison Service Strategy 2023-2027 https://www.irishprisons.ie/wp-content/uploads/documents_pdf/IPS_Service_Strategy-2023-2027-1.pdf.
[14] McLintock and Sheard 2024.
[15] Miller KEM, Shen K, Yang Y, Williams BA, Wolff JL. Prevalence of Disability Among Older Adults in Prison. JAMA Netw Open. 2024 Dec 2;7(12):e2452334. doi: 10.1001/jamanetworkopen.2024.52334. PMID: 39729319; PMCID: PMC11681372.

brain injuries (both pre-existing and sustained in prison) and the prior socioeconomic challenges, including poor education, substance misuse and childhood adversity.[16] Current estimates from the UK suggest that the dementia prevalence in prisons may be around 7%, which is up to three times higher than in the general population.[17]

Finally, by highlighting the many societal inequalities that walk into prisons– from stigma and marginalisation, to failures across health and social systems over the life course, Professor Lawlor made the point that the complexity of the issue transcends prison walls but prison environments also amplify vulnerabilities. To him, prisons are microcosms of what *not* to do for healthy brains and bodies, such that if we can improve brain health in prisons, we can improve it anywhere. Professor Lawlor closed his presentation by inviting persons to think about the opportunities to improve brain health in prisons.

See: **Appendix** for the **slide deck** of Professor Lawlor's presentation.

"If we can improve brain health in prisons, we can improve it anywhere." - Brian Lawlor, Professor Emeritus of Psychiatry, Trinity College Dublin

[16] Pat P, Edin K, Jegannathan B, San Sebastian M, Richter Sundberg L. "Overcrowded but lonely": exploring mental health and well-being among young prisoners in Cambodia. Int J Prison Health. 2023 Jun 28;ahead-of-print(ahead-of-print):628-640. doi: 10.1108/IJPH-02-2023-0011. PMID: 37365938; PMCID: PMC10812882.
[17] Forsyth K, Malik B, Webb R, Heathcote L, Archer-Power L, Emsley R, Senior J, Domone R, Karim S, Hayes A, Carr MJ, Burns A, Shaw J. Prevalence of dementia and mild cognitive impairment among the older prisoner population in England and Wales: a cross-sectional study. BMJ Open. 2025 Apr 9;15(4):e095577. doi: 10.1136/bmjopen-2024-095577. PMID: 40204308; PMCID: PMC11987132.

4. FACILITATED DISCUSSIONS

The discussion forum included three (3), 40-minute facilitated discussion sessions, covering several of the topics and questions identified during the registration process (See: **Preparatory Work**) as well as those arising at the forum:

Session 1: The Scope of the Issue, Rights and other Legal Considerations

Mary Rogan, Professor of Law, School of Law, Trinity College Dublin facilitated the first discussion session, which consisted of three parts:- (1) assessing the scope and extent of ageing, brain health and cognitive impairment in Irish prisons, (2) understanding the rights and protections available in Irish prisons, and (3) other legal considerations such as assisted decision-making capacity within the Irish prison context.

A. Assessing the scope and extent of ageing, brain health and cognitive impairment in Irish prisons

To foster the discussion and facilitate the sharing of data on the issue of ageing, brain health and cognitive impairment in prisons, Professor Rogan asked participants pertinent questions such as:- what are the numbers of individuals in prison with cognitive impairment?; who are these individuals?; what are their backgrounds?; and what are their needs? Participants shared that:

- Ageing in prison occurs in three main ways: (1) individuals serving long sentences and (2) persons entering prison as older adults including in their 70s and 80s, typically but not always, for historic sexual offences, and (3) persons committing criminal offences due to undiagnosed dementia or other forms of cognitive impairment.

- Arbor Hill Prison, an adult male closed, medium security prison with the majority of individuals serving long term sentences, has 137 prisoners in total, with 87 of them being over 50 years (63.5%) and 30 of them being 65 years and over (21%) (as of 12th June 2026), while the Training Unit, a semi-open low security prison, has 96 persons – all 50 years and over (as of 12th June 2026). The Midlands Prison, a closed, medium security adult male prison, houses the largest cohort of older adult prisoners in Ireland, including approximately 400 sex offenders (as of 12th June 2026).

- There are significant challenges with identifying persons with mild cognitive impairment. On the one hand, the culture of following very specific daily routines within prisons permits persons to more easily hide early signs of cognitive difficulties. On the other hand, the Mini-Mental State Examination (MMSE) – the typical questionnaire used by healthcare professionals to screen for cognitive impairment, such as dementia, is not adapted for prison context, where several individuals from low socio-economic backgrounds experience low literacy rates and therefore struggle with that form of assessment.

- Transitioning such individuals to less restrictive settings such as long-term care facilities, if health conditions deteriorate, is quite challenging for a number of reasons, including barriers to release, often arising out of stigma.

Overall, this first segment of the discussion highlighted the lack of data, particularly about dementia in prisons in Ireland.

B. Understanding the rights and protections available in Irish prisons

In introducing the rights-based components of the discussion, Professor Rogan highlighted that Irish law requires healthcare in prisons to be of a standard equivalent to that available to a publicly funded patient in the community. She also noted the rights to protection of bodily integrity, which has both physical and psychological dimensions,[18] and the right of protection of the person, which encompasses human dignity. She invited participants to share information and experiences on the actual protection of rights in prison settings, by posing questions such as:- when does detention become incompatible with the protection of dignity?; how is sentencing managed when a person has cognitive impairment?; what aspects of the current approaches may compromise the psychological and physical integrity of individuals, including prison architecture and design? Participants identified that:

- It is challenging for clinicians to navigate the boundary between continued detention and detriment to the protection of dignity and infringement of other rights of the individual. Under Rule 105 of the Prison Rules, 2007,[19] a doctor can write to the Governor regarding the health of a person in prison as being so compromised that the individual is no longer fit for detention. Once that mechanism is triggered, Prison Operations is involved to make a decision on behalf of the Minister regarding whether compassionate temporary release (or early release) should be granted. However, while clinicians have a responsibility to advocate for their patient, the decision on granting temporary release is solely a decision for the Operations directorate and clinicians need to be cognizant of not interfering with the legal process. There is therefore an unresolved tension in practice between ethics, law

Prison Rules, 2007, Rule 105:
Information to Governor on state of health of prisoner
105: "A prison doctor shall, after consulting with such other healthcare professionals as he or she considers appropriate, inform the Governor in writing if he or she is of the opinion that -
(a) the life of a prisoner will be endangered by continued imprisonment,
(b) a prisoner is unlikely to live until the expiration of the period of his or her sentence,
(c) a prisoner is unfit for continued imprisonment or for that particular prison's regime,
(d) the mental or physical state of any prisoner is being significantly impaired by his or her continued imprisonment, or
(e) a prisoner is unfit to travel outside the prison, including attendance at any court,
and shall make a record in writing of the prisoner's name, the information given to the Governor under this Rule and the time on which he or she so informed the Governor."

[18] See e.g., Gary Simpson v. Governor of Mountjoy Prison, and others [2019] IESC 81.
[19] Prison Rules, 2007 Statutory Instrument No. 252 of 2007. https://www.irishprisons.ie/images/pdf/prisonrules.pdf

and prison regulations. The continued application of principles of medical and nursing ethics, regardless of the employment status of the individual clinician was noted.

- Release also introduces additional complexities particularly from the perspective of the prisoner's family, who may not be in a position to take them home or may not want to since there may be broken family ties, particularly where the individual was incarcerated for sexual offences. In addition, important considerations also arise regarding the victim's family and friends.

- The stigma associated with persons deprived of liberty in prison settings is such that even if it is determined that an individual's continued detention would be detrimental to health, dignity and even their life, there is no clarity or guidance on the system of care to be afforded to them, namely where should that individual should go (if the family is unable to house them) and who provides the care they require and have a right to. Currently, older adult men, including some between the ages of 70-90 years, who receive early release are often directed to homeless services, and if they are sex offenders, they may be last on the list. There is therefore different layers of stigma:- (1) stigma of being an older adult, (2) stigma of being an ex-offender; and (3) stigma of being a sex offender.

- Further, there are two different populations within prisons: (1) sentenced prisoners and (2) persons who pass through prisons for short (but typically repeated) periods on remand, often charged with quite minor offences such as public order offences. The latter cohort can actually spend much longer in custody than their offences merit due to not taking up bail because of cognitive[20] and other issues and also having nowhere safe to go, particularly during the winter months.

- Relatedly, it was noted that legal practitioners are encountering challenges with taking instructions from clients regarding bail because of capacity issues, while also navigating concerns about their clients ability to function if granted bail. Anecdotally, there have been instances where legal practitioners did not oppose the denial of bail because of the sentiment that remand into custody is in the best interest of the client (rather than returning to the street or an unstable home environment, for example). The Irish Penal Reform Trust is conducting research on bail for a 2026 publication.

> *"Prison is now serving an asylum function that hospitals and similar locations used to in the past."* – Conor O'Neill, Consultant Psychiatrist with the HSE National Forensic Mental Health Service

[20] Davoren M, Fitzpatrick M, Caddow F, Caddow M, O'Neill C, O'Neill H, Kennedy HG. Older men and older women remand prisoners: mental illness, physical illness, offending patterns and needs. Int Psychogeriatr. 2015 May;27(5):747-55. doi: 10.1017/S1041610214002348. Epub 2014 Nov 27. PMID: 25428523; PMCID: PMC4409101 (This first study of older prisoners on remand in Ireland identified increasing numbers of older prisoners, very high rates of affective disorder and alcohol misuse, as well as high rates of psychotic illnesses and self-harm among older prisoners comparable to younger remand prisoners).

C. Assisted Decision-Making in Irish prison settings

In the final segment of the discussion, Professor Rogan welcomed the significant advancements made by the Assisted Decision-Making (Capacity) Act, 2015, while inviting persons to share their knowledge and experience on how assisted decision making is (or is not) being practised in prison settings – which, by their nature, are restrictive on individual agency. To prompt the discussion, she asked specifically about assisted decision-making within the context of healthcare, visitation, preparation for release, among other areas relevant to life in prison. Participants suggested that:

- The health of persons deprived of liberty in prison settings is a concern and raises questions about who gives consent if an individual in prison does not have capacity to consent to treatment. The HSE National Consent Policy was highlighted as being able to assist practitioners through the decision-making process and even to determine whether an assessment of capacity would be helpful.[21] In particular, sections 5 and 6 were highlighted as being relevant to the question of decision-making capacity, with some templates to assist with how to support people where decision-making capacity is or may be at issue when making healthcare decisions.

- A need was expressed for more awareness-raising and guidance for the application of the Assisted Decision-Making (Capacity) Act as well as for the making of Advance Healthcare Directives in prison healthcare, and across prisons more generally. The fact that clinicians are employed by the Irish Prison Service (IPS) rather than the Health Service Executive (HSE) does not alter the requirements on them to apply the principles of the Assisted Decision-Making (Capacity) Act. Consideration is needed on the part of the Irish Prison Service regarding the application of the HSE Consent Policy. The view was expressed that adopting this policy formally would be a sensible move.

- Anecdotally, persons deprived of liberty in prisons are not using the decision-support arrangements provided for in the legislation. Given that it may be that they are not aware of these provisions, it was considered that an awareness-raising campaign on advance planning, including the making of an Advance Healthcare Directive, amongst people in prison would be valuable, with the possibility of permitting matters which require an application before a court to be heard in prison, if necessary.

- Further, there should be periodic interventions by trained advocates within prisons to discuss with persons in prisons about the making of an Advance Healthcare Directive, Enduring Power of Attorney for those who have capacity, or the importance of appointing a decision supporters for those who require supports to exercise their decision-making capacity, or decision-making representatives.

- There is a need for greater awareness regarding the potential for advocates from Sage Advocacy to be appointed to support people in prison with dementia or other forms of cognitive impairment.

[21] HSE National Consent Policy. https://www2.healthservice.hse.ie/organisation/national-pppgs/hse-national-consent-policy/

Session 2: Healthcare in Irish Prisons

To commence session 2, Enda Kelly National Operational Nurse Manager, Irish Prison Service, provided a brief overview of dementia-related healthcare in Irish prisons. Opening with a story about an older adult man sentenced to prison whose only issue was that every morning, he believed his door seemed to be jammed (not understanding that it was locked), Mr. Kelly highlighted the challenge of dementia for incarcerated individuals but also for prison staff. Primary healthcare provision in the IPS is provided from within the prison service – not by the HSE. However, the healthcare burden is growing in prison settings due to the ageing of prison populations, increasingly beyond the capacity of the IPS. At least one prison to date has also had to establish and manage an end of life suite.

The rest of the discussion for session 2 was then co-facilitated by Mr. Kelly and Conor O'Neill, Forensic Psychiatrist, HSE who invited participants to share their experiences of healthcare and related matters in Irish prisons. Participants advised that:

> *"If I were to ask in this room, how confident are you to declare in your workplace that you have a cognitive issue that you wouldn't be ridiculed? Now, think of the challenges for a prisoner, who is already vulnerable, to declare."* – Enda Kelly, National Operational Nurse Manager, Irish Prison Service

- Dementia diagnosis is a challenge in prison settings. Typically, persons deprived of liberty in prison settings are not willing to disclose cognitive challenges that they may be facing to avoid showing signs of weakness and vulnerability, which may make them a target for violence, threats or extortion.

- There is a lack of data on dementia in Irish prisons. Staff, such as Prison Chaplains, prison officers and others may learn or notice that a prisoner is 'not feeling quite right', withdrawing or remaining within the cell. There may therefore be an opportunity to harness existing connections within prison culture that already work well for a more comprehensive approach to screen for mild cognitive impairment (MCI).

- Continuing Professional Development for staff within prison settings should include training on ageing, brain health and cognitive impairment. Guidance for the co-development of such training could be sought from GBHI's 'core brain health training course', piloted with Respond. Importantly, staff from Respond also reported personal positive benefits from learning about brain health. Relatedly, prison staff who participated in mental health awareness training also reported improvements in their ability to recognise, respond and escalate mental health challenges among prison staff

- There appears to be a lack of data on loneliness in prisons. However, it was acknowledged that despite the disconnection from family and friends, prison itself is a unique community with connections among prisoners and with staff.

- The purpose of imprisonment is not just accountability, but also rehabilitation. However, in advanced cognitive impairment scenarios, neither of the rationales for sentencing is likely to be achieved, and the question arises as to when detention. Noting that Ireland does not have preventative or risk-based forms of detention, the question becomes what is the best approach where no other basis for depriving a person of their liberty may exist. The use of prison for people whose offending behaviour is caused by their medical or psychiatric conditions is neither just nor effective.

- Persons deprived of liberty in prison settings have the opportunity to take part in existing peer-support programmes, such as the Irish Red Cross and Meals on Wheels programmes, which were highlighted as being positive experiences. However, uptake of such programmes is dependent on the individual.

- The importance of creativity and honing literacy skills in prison settings was highlighted as being important for rehabilitation, with special mention being made of Storybook Dads – a project which seeks to maintain the bond between fathers in prison and their children through the recording of bedtime stories by those fathers for their children to listen to.

- At present, the Office of the Ombudsman is precluded from receiving any complaints from persons deprived of liberty in prisons due to The Ombudsman Act, 1980. At the time of the passage of that law, the view was that the rights of persons in prison were already sufficiently protected by the courts and the Constitution. However, all persons should have the right to make complaints to the Office of the Ombudsman.

- Stigma continues to be a major issue within and outside of prisons, which affects societal view of persons deprived of liberty in prison settings, and also how individuals in prison view themselves.

> *"Do people outside of the prison system – the people with power to make change – do they view prisoners as humans and having rights?... One human rights people should have is access to a complaints mechanism."*
> – Ger Deering, Ombudsman and Information Commissioner

Session 3: Future Thinking

Brian Lawlor, Old Age Psychiatrist and Founding Director, Global Brain Health Institute, Trinity College, and Carolina Skemas, Service and Interaction Designer at the Design Innovation Lab - St. James's Hospital and HSE Spark, co-facilitated session 3, which focused on thinking ahead and differently about ageing, brain health and cognitive impairment in Irish prisons. By posing three (3) thought-provoking questions via Mentimeter (an interactive digital tool), participants could contribute in real time with answers. The data as it appeared on screen was used to promote the discussion.

1.What three (3) words would you like to define the future of ageing, brain health and cognitive impairment in prisons?

Participants' responses to their ideal future regarding ageing, brain health and cognitive impairment highlights the importance of prevention. As such, improving prison design, practice and policy to improve brain health in general but also to help people ageing in prison is important, necessitating careful consideration (and co-designing) of spaces – both indoors and outdoors, sound, loneliness, culture and relationships, movement, good mental and physical health care, and training for staff to identify arising or pre-existing problems, among other factors.

In addition, a future defined by equity, dignity and rights were also highlighted as being pivotal. The following word cloud, generated from participants' responses, illustrates the words that participants used to describe their preferred future of ageing, brain health and cognitive impairment:

See: **Appendix** for the **full list of participants' responses**.

2. How might we act now to avoid future failures in supporting ageing and brain health in prisons in the next 10-15 years?

To avoid future failure in supporting ageing and brain health in prisons in the next 10-15 years, participants suggested a variety of actions and approaches. They highlighted the need for awareness initiatives – both within prison as well as in the community, particularly addressing rights recognition, brain health and ageing well in prison. Further, participants also identified stakeholder engagement and acknowledged that there are several entities, individuals and entry points which will need to be taken into account, such that one size will not fit all. Importantly, there was a widely shared view that there is a need for an entirely new entity – an Independent Commissioner for Ageing and Older People,[22] in alignment with the formation of the Commission on Care for Older People in 2024.

Participants' responses could be categorized as follows in the table below, while the complete list of participants' responses is available in the **Appendix**.

Awareness Initiatives within prisons	**Community Integration**	**Staff Training**	**Screening Procedures**
Stakeholder Engagement	**Environment Adaptations**	**Service Design**	**Research Data**
Public (societal) education	**Arts-based Interventions**	**Independent Complaint System**	**Proactive Prevention**

3. How might we prioritise future research, policy and practice to better address ageing, brain health and cognitive impairment in prisons?

Several suggestions arose from participants regarding how future research, policy and practice might be prioritised, including epidemiological research, such as prevalence studies, as well as the use of human rights framing, such that brain health is framed and treated as a human rights issue, further stakeholder engagement, screening and preventative approaches, among other factors.

During the discussion around the points raised, the complexity of the problem was flagged as requiring some segmentation, such as by gender and by persons on remand versus those serving sentences. Further, it was highlighted that the Office of the Inspector of Prisons is currently conducting research on older adults in Irish prisons as one of the priority areas of its Strategic Plan 2025-2029.[23] Importantly, the IPS, in collaboration with Department of Justice and Department of

[22] See e.g., Age & Opportunity. We call for the set-up of an Independent Commissioner for Ageing and Older People (18 September 2024). https://ageandopportunity.ie/we-call-for-the-set-up-of-an-independent-commissioner-for-ageing-and-older-people/.
[23] Office of the Inspector of Prisons. Strategic Plan 2025-29. https://www.oip.ie/wp-content/uploads/2025/11/OIP-Strategic-Plan-2025-2029.pdf.

Health, is developing a Healthy Prisons Framework, which should consider the needs of the older adult prison population as a key element.

In addition, human rights was described as being key to the discussion of future thinking because the overarching issue is one of safeguarding – both the public and the persons deprived of liberty in prisons.

Finally, the challenge of stigma arose again, this time with the addition of stigma of being ignored or deemed unworthy of rehabilitation.

See: **Appendix** for the **full list of participants' responses**.

5. Priority Actions / Next Steps

The following were highlighted as priority actions or next steps from the discussion forum on ageing, brain health, and cognitive impairment in Irish prisons:

- Preparation and dissemination of a report of the discussion forum;
- Creation of a Working Group to advance work on obtaining data on dementia in prisons, such as through the establishment of a registry;
- Provision of support for brain health initiatives in prisons, including co-creating training on brain health for prison staff; and
- Collaboration on advancing access to assisted decision-making (capacity) and advance planning mechanisms, such as Advance Healthcare Directives, for persons deprived of liberty in prison settings.

6. Conclusion

The discussion forum on ageing, brain health and cognitive impairment brought together a multidisciplinary cohort working at the intersection of health, law, design, art and several other disciplines as well as individuals with lived experience in prison settings. The gathering, jointly co-hosted by GBHI and the School of Law's Crime and Punishment Research Group, Trinity College Dublin, in the Long Room Hub at Trinity College Dublin, provided a neutral space for the open and honest exchange of opinions, experiences and ideas from all participants.

With regards to expected outcomes, the gathering exchanged knowledge and experiences and permitted significant strides to be made towards:

1. Developing a cross-disciplinary understanding of how ageing, brain health, and cognitive impairment manifest and intersect within prison environments;
2. Identifying the key gaps in the evidence, inconsistencies in data collection, and areas of uncertainty which may limit understanding of prevalence, projections, and policy positions; and
3. Establishing a multidisciplinary network interested in ongoing collaboration to address ageing, brain health, and cognitive impairment in prisons.

When one participant asked: how can we make it work this time around? The response was: by taking small steps. The forum on ageing, brain health and cognitive impairment in Irish prisons, along with this report, are important small steps in the right direction. We look forward to taking some small but consistent steps with you into the future.

The views contained in this report may not reflect each attendee's individual position on all issues.

7. Appendix

1. List of attendees at the Discussion Forum on Ageing, Brain Health and Cognitive Impairment in Irish Prisons on 27th May 2026

No.	First Name	Last Name	Organisation/Affiliation
1	Aine	Flynn	Decision Support Service
2	anGie	seah	Trinity College Dublin / Global Brain Health Institute
3	Anna	Boyle	City of Dublin ETB
4	Bernie	Masterson	Visual Artist
5	Bibiana	Savin	Sage Advocacy
6	Brian	Lawlor	Trinity College Dublin / Global Brain Health Institute
7	Caoimhe	Gleeson	HSE National Office for Human Rights and Equality Policy
8	Carol	Lovelett	Guest
9	Carolina	Skemas	Design Innovation Lab - St. James's Hospital and HSE Spark
10	Chukwudi	Okoye	Trinity College Dublin / Global Brain Health Institute
11	Claire	Smith	PICLS- Cloverhill
12	Colin	Regan	Trinity College Dublin / Global Brain Health Institute
13	Conor	O'Neill	Health Service Executive (HSE)
14	David	Dennis	Irish Prison Service
15	Elaine	Dunne	Irish Prison Service
16	Emma	Gosnell	Irish Prison Service
17	Enda	Kelly	Irish Prison Service
18	Ger	Deering	Ombudsman
19	Gillian	Hick	Irish Prison Service Chaplain
20	Grant	Longwe	Trinity College Dublin / Global Brain Health Institute
21	Helena	Powell	Psychotherapist
22	Iracema	Leroi	Trinity College Dublin / Global Brain Health Institute
23	Junyang	Song	School of Nursing & Midwifery, Trinity College Dublin
24	Kathleen	Durkin	Dementia Trial Ireland; Trinity College Dublin
25	Kimberley	Benjamin	Trinity College Dublin / Global Brain Health Institute
26	Loretta	Norton	Trinity College Dublin / Global Brain Health Institute
27	Maria	Kambongi	Trinity College Dublin / Global Brain Health Institute
28	Martina	Larkin	Sage Advocacy
29	Mary	Davoren	Trinity College Dublin and National Forensic Mental Health Service.
30	Mary	Rogan	Trinity College Dublin / Crime and Punishment Research Group, School of Law
31	Meabh	Dhiarmada	Irish Prison Service
32	Michelle	Martyn	Office of the Inspector of Prisons
33	Niall	Walsh	Pathways Centre / Educational Service to Prisons
34	Patricia	Rickard-Clarke	Safeguarding Ireland
35	Patricia	Kellegher	Irish Prison Service
36	Peny	Chan	Trinity College Dublin / Global Brain Health Institute
37	Peter	Cloona	Guest
38	Rachel	Maina	Trinity College Dublin / Global Brain Health Institute
39	Reyhana	Cushnan	Respond Team
40	Rohith	Khanna Deivasigamani	Trinity College Dublin / Global Brain Health Institute
41	Tuan	Anh Nguyen	Trinity College Dublin / Global Brain Health Institute
42	Vanessa	Moore	Dementia Research Network Ireland
43	Vivian	Geiran	Fellow of the Probation Institute and former Director of the Probation Service
44	Will	Dean	Trinity College Dublin / Global Brain Health Institute

2. Final Agenda for the Discussion Forum on Ageing, Brain Health and Cognitive Impairment in Irish Prisons on 27th May 2026

Ageing, Brain Health and Cognitive Impairment in Irish Prisons
A Stakeholder Discussion Forum
Trinity Long Room Hub, Trinity College Dublin
Wednesday, 27th May 2026

AGENDA

9:15 a.m. **Pre-Event Short Film Screening** | Bernie Masterson, Visual Artist

9:30 a.m. **Welcome** | Kimberley Benjamin, Atlantic Fellow for Equity in Brain Health, Global Brain Health Institute

9:33 a.m. **Introductory Presentation** | Brian Lawlor, Professor Emeritus of Psychiatry, TCD

9:38 a.m. **Facilitated Discussion #1** | Mary Rogan, Professor in Law, TCD & Kimberley Benjamin

10:18 a.m. **Presentation** | Enda Kelly, National Operational Nurse Manager, Irish Prison Service

10:23 a.m. **Facilitated Discussion #2** | Conor O'Neill, Consultant Psychiatrist with the HSE National Forensic Mental Health Service & Enda Kelly

~Brain Health Break ~

11:10 a.m. **Facilitated Discussion #3** | Brian Lawlor & Carolina Skemas, St. James's Hospital, HSE Spark

11:50 a.m. **Wrap-Up** | Mary Rogan & Kimberley Benjamin

~ Post-Event Refreshments & Networking in The Hoey Ideas Space (3rd Floor) ~

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin
GLOBAL BRAIN HEALTH INSTITUTE
Scoil an Dlí | School of Law
Trinity Long Room Hub
Arts & Humanities Research Institute

3. Slide Deck of Professor Brian Lawlor's presentation at the Discussion Forum on Ageing, Brain Health and Cognitive Impairment in Irish Prisons on 27th May 2026

GLOBAL BRAIN HEALTH INSTITUTE

Brain Health, Ageing & Dementia in Prisons
What we can learn and what we must do

Brian Lawlor
Professor Emeritus of Psychiatry,
Trinity College, Dublin

Stakeholder Discussion Forum on Ageing, Brain Health and Cognitive Impairment in Irish Prisons | 27 May 2026

Atlantic Fellows | FOR EQUITY IN BRAIN HEALTH

What not to do

- Prisons are a microcosm of what not to do for brain health.
- If we can improve brain health in prisons, we can improve it anywhere.

Brian Lawlor
Brain Health, Ageing & Dementia in Prisons
GLOBAL BRAIN HEALTH INSTITUTE Atlantic Fellows FOR EQUITY IN BRAIN HEALTH 2

Ageing prisons and ageing prisoners

- Prison populations are ageing rapidly.
- In Ireland, 10% in custody in 2015 were over the age of 50.
- By 2023, this figure had increased to 18.2%.
- By 2030, 1/3 will be age 50 and over.

Sources: Global Prison Trends, 2025; Irish Penal Reform Trust, 2026

Brian Lawlor
Brain Health, Ageing & Dementia in Prisons
GLOBAL BRAIN HEALTH INSTITUTE Atlantic Fellows FOR EQUITY IN BRAIN HEALTH 3

Prison environments are not friendly to your ageing brain or if you have cognitive impairment

- Poor design and accessibility.
- Risk of trauma.
- Damaging social and physical architecture.

Brian Lawlor
Brain Health, Ageing & Dementia in Prisons
GLOBAL BRAIN HEALTH INSTITUTE Atlantic Fellows FOR EQUITY IN BRAIN HEALTH 4

Prisons accelerate ageing and brain ageing

- Every year in prison reduces your life expectancy by 2 years.
- People who are incarcerated die 20 years earlier.
- Poor baseline health and adversities, access, overcrowding.

Sources: Patterson, 2013; McLintock and Sheard, 2024.

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Cognitive decline in prisons is rising because of a perfect storm of risk factors

- Cognitive impairment in ageing prisoners is double that seen in community.
- Incarceration hits all the wrong notes in terms of risk factors for dementia, e.g. loneliness, isolation, TBI, education, cognitive and stimulating activities, exercise, smoking, drugs

Sources: Miller et al., 2024.

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Brain Health, Ageing & Dementia in Prisons
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The rise of dementia in prisons is a hidden crisis

- Increasing numbers.
- Undetected and undiagnosed.
- Risk factors for incarceration are risk factors for dementia.
- Dementia and cognitive impairment increases risk of offending.

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Brain Health, Ageing & Dementia in Prisons
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Why this matters to everyone

- Goes beyond prisons
- Stigma
- Inequities
- Social determinants of dementia

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Brain Health, Ageing & Dementia in Prisons
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Why this matters to everyone

What we should do

- Opportunity for dialogue
- Transdisciplinary lens
- Future thinking
- Moral imagination

Brian Lawlor
Brain Health, Ageing & Dementia in Prisons
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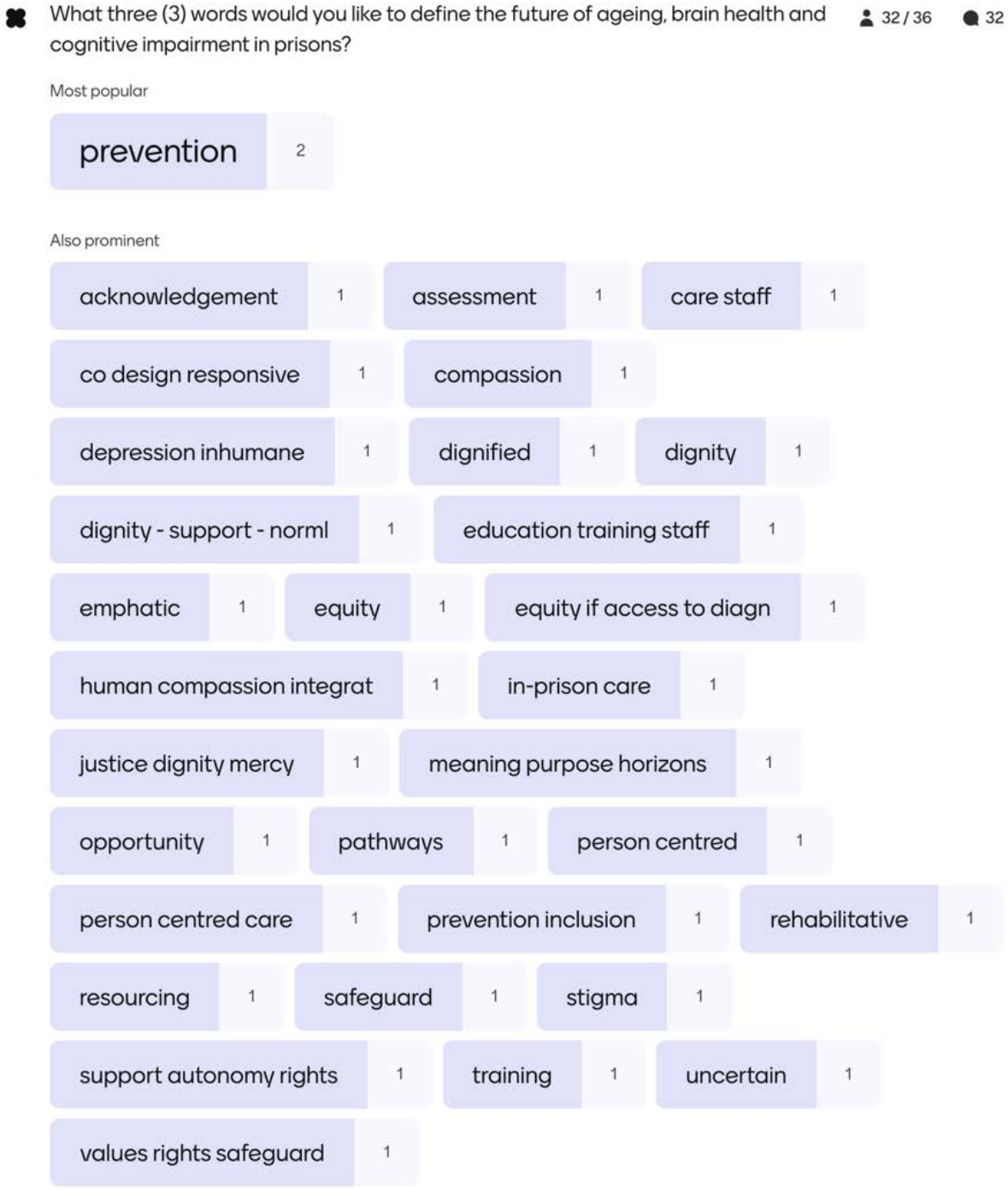
GLOBAL BRAIN HEALTH INSTITUTE

Thank you

Brian Lawlor
Professor Emeritus of Psychiatry,
Trinity College, Dublin

GBHI.ORG
Atlantic Fellows FOR EQUITY IN BRAIN HEALTH

4. What three (3) words would you like to define the future of ageing, brain health and cognitive impairment in prisons?[24]



[24] Source: Mentimeter. Brain Health in Prisons. Results (27 May 2026) https://www.mentimeter.com/app/presentation/alsa481mmg2zoe3pkyrdcy41cqgaxkht/results.

5. How might we act now to avoid future failures in supporting ageing and brain health in prisons in the next 10-15 years?[25]

Awareness Initiatives

7 responses

- Awareness
- Resources. Education. Awareness
- An awareness campaigns of ageing well in prison
- Implement measures to raise awareness of brain health. Smoke free prisons . Access to environment conducive to well being - gardening etc
- Raise awareness of rights, needs, prison culture & lived experience. Training for professionals working innthe sector. Relevant stakeholder engagement. Learn from other countries.
- Judicial involvement and education for the judiciary
- Creating standardised guidelines to promote brain health

Community Integration

7 responses

- Brain health community framework for both prisoners and care staff
- More supportive human connections
- How can best practices in the community translate into the prison system.
- In-prison healthcare and after prison healthcare to compliment each other, not to be mutually exclusive
- Affordable pathways out. Bright, nursing home type locations for those remaining in
- Acceptance that prison is not the right place for people with dementia. Understanding why people over 50 are offending at higher rates than before. To take a public health approach to justice issues.
- Normalising discussion of cognitive challenge

[25] Source: Mentimeter. Brain Health in Prisons. Results (27 May 2026) https://www.mentimeter.com/app/presentation/alsa481mmg2zoe3pkyrdcy41cqgaxkht/results

Staff Training

4 responses

- Targeted education around geriatric care for all staff
- Awareness level training for prisoners, higher level for staff, more skills/support based
- By not ignoring the situation Training of staff & clients Exercising
- Make continuous training for prison officers compulsory

Screening Procedures

3 responses

- Screening older adults prisoners at the earliest
- Cognitive screening on admission
- Try and get new assessment tools or standards fit for purpose

Stakeholder Engagement

3 responses

- Sustained Advocacy programs and engagements with key players
- Plan and secure proper commitment to resourcing. Engage with experts by experience. Consider learnings from successful models elsewhere.
- Establish the facts / data. Decode what needs to change. Put a strategic plan in place. Harness stakeholders' commitment. Implement and monitor progress.

Environment Adaptations

2 responses

- Specific environment for people with cognitive issyes
- Be realistic and pace change to be enduring and sustainable

Service Design

2 responses

- Designing the service to meet prisoner needs in addition to exploring alternatives (and funding appropriate alternatives) when sentencing to meaningfully support rehabilitation.
- Differentiatiog longervterm needs from acute or duagnistic services.

Research and Data

1 response

- High quality research studies

Uncategorized

18 responses

Good environmental conditions, positive regimes, staff training, sufficient healthcare resources including staff, commitment and dedication	Proactive prevention
Educate society to elicit a more compassionate response	Considr btrain health education for staff's own wellbeong and awarebess
Proactive prevention	Brain health training for staff themselves
Eduction	Start brain health education in younger populations
Codesign the services	Consider future increase in international okder pridoners with cultral abd language differences
Non irish older pridoners eith language and cultual differences	Brain health issues often combined with conorbid addiction and homelessness.
Arts based intervebtions fir awareness and embodying understanding of bh and dementia	Meeting prisoners' needs
Ensure 'easy' aspects of brain health are addressed such as gearing and vision screening	Have an independent complaint system - the outcomes and dad of which informs future design and resource allocation
Embed ageing population within strategies. - working collaboratively with expert agencies in community. Healthcare in prison resources.- 'care of the elderly ' Lived experiences	Recognise needs and timeframes for two groups: sentenced prisoners versus acute/remand committals.

6. How might we prioritise future research, policy and practice to better address ageing, brain health and cognitive impairment in prisons?[26]

Epidemiological Research

10 responses

- Epidemiological studies to ascertain the level of need
- Research epidemiological studies to assess the level of need
- Prevalence study
- Longitudinal observational cohort development
- PPI involvement, Good Funding and Longitudinal studies
- Research! In my experience not having data, especially Irish data, can be used as an excuse to drag feet for action/effective policy making.
- Research=incidence and prevalenxe of cog disorders in okder people is key place to start
- Apply an intersectionality lens to the research
- Practice needs to move from research and policy to have an impact ion the day to day lives of individuals in prison
- Use existing data to mine what the numbers are.

Human Rights Framing

6 responses

- Treat brain health as a disability and human rights issue
- Treat brain health as a disability and human rights issue
- Identify and raise the priority of brain health as disability and human rights issues
- Society needs to open to the needs for this for restoration of justice
- Document the issue in various ways....photodocumenatries
- Prisoner input re jey areas that are important...ppi

[26] Source: Mentimeter. Brain Health in Prisons. Results (27 May 2026) https://www.mentimeter.com/app/presentation/alsa481mmg2zoe3pkyrdcy41cqgaxkht/results

Stakeholder Engagement

5 responses

Have conversations with relevant stakeholders - get data / evidence - collective lobbying

Comprehensive needs assessment/mapping of main sectoral stakeholders, advocacy organisations under the themes identified

Someone to take 'ownership' of progressing what needs to be done. This stakeholders group to get the ball rolling further on from here.

Secure political support Highlight the cost associated with not getting this right Reach out to victim support stakeholders to ensure good understanding of these initiatives

Society/ community education that this is important.

Preventive Approaches

4 responses

Focus on prevention. Link root causes and background of older prisoners. E.g. history of homelessness . Are there specific groups to target e.g. care leavers.?

Adequate healthcare resources, focus on preventive healthcare, screening tools, good regimes, diet and exercise, relationships, good levels of out of cell time, address overcrowding, access to school

Develop training for POs on identifying signs of cognitive decline, similar to training on mental health

Develop brain health supports in prison and evaluate them

Screening Implementation

4 responses

Implement screening tools on committal

Use electronic records. Design future data fields in the system that would capture relevant info enablling early screening and proactive interventions. Weigh cost of brain health with/ without action.

Needs assessment upon entry to determine cognitive baseline

Needs assessment upon entry into prison system

Integrated Care

3 responses

Develop integrated care oathway for older cognitive and metal health with multistakeholdet input

Older prisoner health needs to be a healthcare priority

Whole person,Ageing and cognitive decline in prisons raise not only medical and operational questions, but existential and human questions concerning dignity, identity, meaning, memory, and belonging

Funding Strategies

2 responses

Good Funding, PPI involvement and Longitudinal studies

How do we get funders to be willing to fund studies in prisons?

Policy Translation

1 response

Research and policy needs to be translated into change and impact on the lived experience of people in prison .

Uncategorized

1 response

Research the lived experience of older prisoners with mh and bh challenges

7. Selection of photos from the event

Participants at the event.

Photo of the event speakers with the leadership of the Global Brain Health Institute and Atlantic Fellows for Equity in Brain Health.

Post-event networking and refreshments in the Hoey Ideas Space, Long Room Hub.

Photo credit: Rohith Khanna Deivasigamani, Atlantic Fellow for Equity in Brain Health.

About the Event Coordinators:

GLOBAL BRAIN HEALTH INSTITUTE

The Global Brain Health Institute (GBHI) is dedicated to protecting the world's aging populations from threats to brain health. Founded in 2015 by a generous gift from The Atlantic Philanthropies, GBHI strives to improve brain health for populations across the world, reaching into local communities and across our global network. Through the Atlantic Fellows for Equity in Brain Health, GBHI brings together a powerful mix of disciplines, professions, backgrounds, skills, perspectives, and approaches to develop new science-based solutions. More details available here.

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