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COVID-19 Pandemic Guidance Document

THE IMPACT OF COVID-19 ON INCARCERATED PERSONS WITH MENTAL ILLNESS

Prepared by the Committee on Psychiatric Dimensions of Disaster and COVID-19 and the Council on Psychiatry and Law

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Background

The presence of mental illness leads to more frequent incarceration, on average, as well as longer periods of incarceration when compared to those without mental illness.

Prior to the COVID-19 pandemic, persons with mental illness (PwMI), and people of color with mental illness in particular, were disproportionately represented in the jail and prison system.

The COVID-19 pandemic has exacerbated the systemic inequalities that lead to PwMI being treated differently than other prison populations. The opportunities for system improvement suggested in this document, while focused on the impact of COVID-19, may have more generalized application beyond the pandemic.

Issues

1. Courts and parole panels have been recessed, and because PwMI have fewer access to resources needed to pay for bail, PwMI remain incarcerated at higher rates relative to other prison populations.
2. In many correctional settings, therapeutic groups have been canceled, access to routine care is reduced or eliminated, and greatly needed admissions to psychiatric inpatient facilities are even more limited than prior to the advent of COVID-19.
3. In addition, crowding and movement restrictions in jails and prisons may exacerbate mental illness leading to symptomatic exacerbation.
4. Access to reliable technology/wi-fi/cell phone service has been limited, affecting all who are incarcerated and work in these settings.
5. Rapid turnover of inmates and generally reduced access to stable care in jails have been currently exacerbated.
6. Prejudice and discrimination related to COVID-19 contagion is especially directed towards PwMI and jail and prison staff, exacerbating preexisting stigma associated with religious, ethnic, gender, and racial minority status.

Opportunities

Diversion of PwMI:

1. Develop protocols to prevent incarceration for those unable to pay bail/bond.
2. Implement functional crisis teams for referral at time of police contact and expand technology for such teams.
3. Expand or create crisis respite/drop-in centers.
4. Eliminate incarceration for misdemeanor convictions.
5. Implement expanded electronic monitoring as an alternative to incarceration.

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6. Develop infection control protocols to enable community programs (e.g., supported housing, group homes, shelters) to continue accepting new referrals from court or prison/jail.
7. Ease challenges for meeting parole or probation requirements and eliminate incarceration for technical or non-violent violations of parole or probation.
8. Increase use of court diversion programs.

Treatment of PwMI who remain incarcerated:

1. Ensure updated and accurate information is actively given to all incarcerated people and correctional setting staff members on preventative measures to reduce the spread of COVID-19.
2. Institute enhanced cleaning protocols, following CDC guidelines, for all correctional institutions to reduce the presence of the coronavirus on surfaces inside the jails or prisons.
3. Establish formal disaster planning protocols; implement rapid COVID-19 screening, triage, containment (e.g., alternate housing areas) and management protocols.
4. Ensure that jails and prisons have adequate PPE for both staff and inmates stored in the event of a pandemic and that the supplies are up-to-date.
5. Coordinate care within facilities and significantly expand telehealth wherever possible and clinically appropriate.
6. Allow visitation via video visits, including professional visits for court-ordered psychiatric evaluations.
7. Where possible, modify mental health programming to conform with infection control measures (e.g., smaller groups for a shorter time in order to accommodate social distancing) rather than cancelling.
8. Ensure continued access to acute psychiatric and medical hospitalization for patients who need that level of care.
9. Establish written protocols and provide training for collaboration by mental health staff, medical personnel, and custody/operations staff to ensure adequate, timely, and appropriate assessment and treatment services.
10. Balance infection control measures (e.g., social distancing, group cancellations) with measures to maintain psychiatric stability, recognizing that in some cases the exacerbated mental illness may pose a greater threat than COVID-19.

Early release:

1. Establish criteria for PwMI who have reached their minimum dates and are now parole-eligible, including a presumption of parole for individuals who have been free of misconduct for a designated time or have demonstrated rehabilitation in other measurable ways. Expedite parole hearings for all incarcerated PwMI. Waive hearings for PwMI meeting the categories of presumption of parole.
2. Utilize video hearings to avoid delays in necessary legal proceedings.
3. Implement emergency measures to release those with severe mental illness with lower level charges, including those found incompetent to stand trial, as quickly and safely as possible.

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Transition to community:

1. Coordinate with local health and mental health services for community-based care prior to release.
2. Include emergency measures to make sure people released from incarceration have access to enhanced re-entry support, including housing and other critical supports.
3. Facilitate Medicaid suspension, rather than termination, to reduce delays in accessing healthcare and healthcare benefits upon release.
4. Improve medical record exchange between the correctional institution and the community provider.
5. Provide COVID-19 screening upon release.

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