

Pandemic behind bars: COVID-19 impact on mental health and suicide prevention

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As the world transitions from a pandemic emergency response to a “new normal” there are many lessons learned across multiple domains that should be captured to inform future practices. This is especially true in the congregate living environment of our nation’s jails and prisons where staff are tasked with among other duties, managing, mitigating, and treating the physical and behavioral health needs of the incarcerated population. While the whole world was challenged by COVID-19, incarcerated individuals, already vulnerable due to poor health, mental illness, substance misuse and difficulty coping were impacted in unique ways. These pre-existing vulnerabilities coupled with dramatic change in daily routine pushed some incarcerated persons into crisis to include risk of suicide.

While the mission of corrections did not change during this pandemic, overseeing the health and safety of the incarcerated individuals took on a whole new dimension of challenge. As COVID-19 spread across the country and into correctional facilities, resultant changes occurred in correctional operations including reductions in intakes, increases in early releases to the community, development of strategies for quarantine, physical distancing, wearing masks and enhancing hygiene practices. Modification or suspension of programming and technological shifts to include virtual visitation in facilities and virtual meetings (e.g., court, healthcare appointments) further altered the landscape for incarcerated individuals and staff. (Garcia, Applegarth, Martin, Adams, & Durose, 2021).



Suicide risk among the incarcerated

Since the onset of COVID-19, there has been significant literature published regarding how the pandemic has affected the mental health of people throughout our society. However, there is little empirical literature found regarding the mental health of persons under supervision in prisons and jails. (Johnson, Guttridge, Parkes, Roy, & Plugge, 2021).

Research does show that incarcerated individuals are at elevated risk for suicidal thoughts and behaviors (Hayes, 1999). Suicide rates among the incarcerated have been variously noted to be anywhere between 3 to 9 times higher than the general population (Harrison and Rogers, 2007) and are known to be the leading cause of death in jails; and rank third as the reason for death in prisons. Given the known increased risk of suicide in the incarcerated population, it is important to investigate how COVID-19 has impacted typical stressors and suicide prevention strategies.

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Many incarcerated individuals who attempt suicide lack relationships inside prisons, spend much of their time alone, have difficulties with their peers, have fewer visits, and less correspondence with family and friends. (Stoliker, 2018). A recent meta-analysis of predictors of self-harm among the incarcerated indicated that poor social support, a lack of social connection and a lack of visitation are linked to an increased risk of self-harm

(Favril, Yu, Hawton, & Fazel, 2020). In review of psychological autopsies, Way, Miraglia, Sawyer, Beer, & Eddy (2005) found that about 50% of prisoners who died by suicide experienced conflicts with other incarcerated individuals, 42% had recent disciplinary infractions, 40% were fearful of physical harm, and 65% had recently received negative news from friends or family in the community. Way, et. al., (2005) suggest that these findings emphasize the importance of incarcerated persons maintaining positive social ties in both external and internal communities.

Impact of COVID-19 on suicide risk

While the research base is sparse, there is some evidence suggesting greater attention be paid to the risk of suicide during a prolonged crisis event and particularly within a carceral setting. For example, Gétaz, Wolff, Gollay, Heller, & Baggio (2021) observing a Swiss pre-trial population identified a statistically significant increase in the relative risk of suicide attempts and an increase of other self-harm events from the two years preceding COVID; and the first year of COVID. Others note that while data gathered during the COVID pandemic related to suicidal behavior in jails and prisons does not evidence overall upticks, previous similar crises suggest that suicidal risk increases AFTER the crisis wanes. As Banerjee, Kosagisharaf, & Sathyanarayana Rao (2021) note “Pandemics like COVID-19 will not inevitably lead to increase in suicides, but the myriad of socio-economic and psychological factors might lead to a sustained and chronic increase in risk.” Similarly, Sher (2020) concluded that a higher probability exists for an increase in suicides following the COVID-19 crisis. This is particularly evident for individuals with pre-existing psychiatric conditions such as mood, psychotic and substance use disorders.

For incarcerated populations, the pandemic has added a new dimension of stress and anxiety related to self-risk and risk to loved ones of contracting or dying from COVID-19. This stress is often exacerbated by an awareness of vulnerabilities in health (Johnson, et al., 2021) and concerns about adequately protecting oneself from the virus in crowded congregate conditions. It appears that a lack of control over exposure risk, and the uncertainties of the pandemic may contribute to an exacerbation of

behavioral health concerns, to include anger, depression, self-harm and possibly suicide.

A higher rate of mental illness among incarcerated individuals indicates that this population may be particularly vulnerable to COVID-19 related stressors (Mitchell, La Rosa, Cary, & Sparks, 2021). Those with mental illness and those at risk of suicide often lack effective coping skills.

Incarcerated individuals are often impulsive and fail to evaluate the consequences of their actions. This relative lack of effective coping strategies could increase the risk of suicidal thoughts and behaviors as these individuals try to manage their stress reactions. (Dexter & Towl, 1995).

Lack of relationships

Negative news from family and friends in the community has been linked to increased suicide risk among the incarcerated (Way et al., 2005). During the COVID- era, in addition to the myriad types of “bad news” one might receive while incarcerated, was the additional source of learning of the ill health or death of a loved one from COVID-19.

Relatedly, positive interactions and financial support from family is associated with positive adjustment in prison (Aday, 1994; Pratt and Foster, 2020). The incarcerated often rely on these forms of support as a lifeline. With travel restrictions, visiting prohibitions and financial uncertainties related to COVID-19, family members have been less able to provide support. One might speculate that a pullback of these supports could result in reduced positive adjustment and increased risk of suicidal thoughts or behavior for incarcerated persons.

Environment factors

The prison environment itself is an important consideration for suicide risk. During COVID-19, infection control strategies of medical isolation and quarantine

often mimicked conditions of confinement known as restrictive housing or segregation. It has been well documented that increased social isolation, feeling disconnected from others, and restrictive confinement is linked to increased risk of suicidal thoughts and behaviors (Favril et al., 2020; Bonner, 2006; Stoliker, 2018). Although “lock-down” measures may help reduce the likelihood of a COVID-19 outbreak within a congregate setting, the unintended consequences produced by these restrictive conditions were real. Haney (2003) suggested that restrictive prison environments increase a host of negative affect and attitudes, to include self-mutilation, suicide ideation, and suicide attempts.



Reduced opportunities to engage in programming

Pre-pandemic levels of structured programming that were effective in helping the incarcerated manage their confinement were suddenly and quite dramatically taken away. The reduction of these mental health protective activities such as individual or group therapy, education, recreation, and religious activities, likely exacerbated the detrimental effects of the pandemic. Efforts to provide in-cell

or on-unit self-help alternatives such as exercise, mindfulness, video programming, and social interaction were often sporadic at best, and typically inadequate to mitigate negative pandemic effects.

Lack of access to outside world

Many incarcerated individuals found themselves with reduced access to information or outside contact due to suspended community medical appointments, court hearings, furloughs, work release and other opportunities outside of the correctional environment which likely added to emotional distress. Increased social isolation and feelings of not belonging are risk factors for suicidal ideation and attempts. Incarcerated persons were especially impacted

by COVID-19 in this regard, both in terms of physical isolation, if placed in quarantine within the facility, and the reduction or cancellation of visitations and further limitations placed on phone or video calls. (Brooks, Webster, Smith, Woodland, Wessely, Greenberg, & Rubin, 2020).

Strategies to decrease suicide risk during pandemic conditions

Core principles of suicide prevention

Correctional clinicians are typically well versed in the components of a solid suicide prevention program. Early screening, assessment, recognition of individual and institutional risk factors, management of risk, safety planning and intervention are known to contribute to safety (ACA 5th Edition, 2018). As realized during the pandemic, many of these core practices had to be modified due to infection containment strategies.

Access to mental health care

When COVID restrictions reduce the ability to engage “in person”, other strategies need to be employed. Group or individual sessions with mental health professionals conducted via telehealth could expand the provision of care and provide needed support for those struggling with thoughts of self-harm or suicide (Young & Badowski, 2017).

Stress management and psychoeducation are cost-effective interventions to improve coping skills and suicide risk and can be delivered via tablets at cell-side. However, challenges with computer access and reliable internet connections inside some correctional facilities make self-help printed materials and videos (e.g., relaxation and stress management, coping with suicidal thoughts) an “old-school” but workable solution.

Some jurisdictions have instituted systems for early release of qualifying offenders during the pandemic. Barranger and Bond (2021), discuss the mental health and service impacts of releasing seriously mentally ill (SMI) individuals from jail and prison. They note that releasing these offenders without appropriate aftercare can have significant consequences with community reentry from prison for the SMI being 13 times the risk of death due to homicide, suicide cardiovascular disease or drug overdose within two weeks of release.

Positive psychology and resilience

Every member of a community has a critical role in preventing suicide. Being mindful of the impacts of COVID-era stressors on the facility culture and the incarcerated population is a strong first step in suicide prevention. Creating a healthy community where the incarcerated individuals (and staff) feel some measure of connectedness and hope is equally important in creating a preventative environment. Creating opportunities to learn about and practice self-care is especially important under conditions of confining or low stimulation environments – which defined the living situations throughout most of the pandemic. Creating meaningful experiences for individuals, and helping them find a purpose, especially when behind bars, can have significant protective benefits. Helping individuals identify their strengths and positive coping strategies, instead of focusing on their weaknesses has similar ameliorative effects. Even relatively simple activities such as workbooks with problem-solving activities; information about sleep hygiene, effects of food and diet, and in-cell meditation, spiritual practice or physical activity should be considered

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Responsive communication

It is critical that current and accurate information is provided to incarcerated persons and correctional staff alike concerning crisis communications like those experienced during the pandemic. Forthright and trustworthy communications that are both redundant and multimodal in approach helps to drive a consistent message through the facility. For example, sharing information via email, staff meetings, posters, electronic message boards, internal websites, social media, and leadership rounds will result in the highest likelihood of understanding, internalization, and retention. When information is simple, repetitive and available in

multiple locations, it is much more likely to penetrate and be understood – especially when anxiety and uncertainty is rampant as in the early-mid months of the Pandemic.

Supportive environments

During limited visitation, programming, and staffing shortages as was the case during the pandemic, the promotion of peer facilitated activities that allow for small, internal activities can help support healthy jail/prison communities. Facilities could capitalize on the effectiveness of peer mentorship and support and perhaps develop paid positions with related education and training. Increasing supports within prisons/jails will help mitigate the impact of COVID-19 or other crises on the incarcerated individual's mental health and suicide risk. In place of visitation from family and friends from the community, alternative methods to increase support and decrease feelings of isolation are warranted.

Systemic cultural considerations

Suicide prevention efforts will likely be more effective if values, needs, and strengths of each individual are taken into account. This is especially true within the context of a pandemic when stress is high and religious, racial, ethnic, age, and gender differences may affect the way in which coping strategies are employed. Suicide prevention efforts should be respectful and responsive to groups' beliefs, practices, and cultural and linguistic needs and preferences. (Goldston, Molock, Whitbeck, Murakami, Zayas, & Hall, 2008).

Leveraging technology

One of the big lessons of the COVID era – when physical distancing restrictions were at their zenith, was the importance of digital technology. Where feasible, it is strongly recommended that facilities consider upgrading technology to include portable and bed/cell-side computers or tablets to conduct medication pass and bed/cell side documentation for those individuals restricted to the unit. Allowing video visits, including professional visits for court-ordered psychiatric evaluations is an excellent method of ensuring timely care and services.

Consider providing free access to phones for accessing helplines, such as the National Suicide Prevention Lifeline as a resource for incarcerated individuals who may be actively suicidal and may benefit from speaking with a trained helpline volunteer. Additionally, allowing trained peer support from within the facility via telephone may

also be protective (Hewson, Shepherd, Hard & Shaw, 2020; Novisky, Narvey & Semenza, 2020). Eliminating the cost of phone calls and increasing the allowed time for contacting family and friends are additional strategies suggested to decrease social isolation while in-person visitation is limited. (Brooks et al., 2020).

Meeting the moment: developing a national approach to suicide prevention programs

Whether during a pandemic or not, meeting the challenges associated with developing effective programs for the identification, assessment, and treatment of suicidal behavior is a demanding responsibility. Correctional health officials, therefore, must be attentive to three guiding principles in developing and managing suicide prevention programs.

First, it must be understood that correctional health professionals work in an industry that is continually adjusting to budgetary constraints. With shrinking resources, innovative and alternative strategies may be necessary to ensure the integrity of a suicide prevention program. For example, the Federal Bureau of Prisons developed an Inmate Observer Program and has been using trained inmate observers for suicide watch for many years. A review of the effectiveness of using the inmate observers suggested that such use reduced the length of time that suicidal peers remain on watch without compromising the standard of care (Junker, Beeler, & Bates, 2005).

Second, in developing strategies for suicide prevention programs, there should be an educational initiative that conceptualizes suicidal behaviors in corrections as a public safety/public health issue. The rationale for such an initiative is that such behaviors may result in increased security risks and the behaviors may become endemic, increase in severity, or result in death (Department for Rights of Virginians with Disabilities, 2002). By conceptualizing suicidal behaviors on a continuum that represents dynamic combinations of biological predispositions (Fagin, 2006), environmental pathogens, and individual characteristics (Fulwiler, et al, 1997), public health and safety officials can collaborate in developing more effective and efficient strategies for managing suicidal behaviors in the correctional setting and after release.

Third, it is vital that mental health staff establish credibility with other correctional staff involved in a suicide

prevention and treatment program. Competence, communication, and collaboration are the bedrock on which credibility is built, and correctional mental health staff must understand and appreciate its leadership role in the program. That underscores the importance of standardized nomenclature (suicidal gesture, threat, attempt, etc.) and a standardized classification of the various manifestations of suicidal behaviors (Geiner, et al, 2016).

Without a consensual and coherent strategy in corrections, programming will remain parochial and hindered by the barriers of today and the challenges of tomorrow regardless of the presence or absence of a pandemic. The following national strategy for developing suicide prevention programming in correctional settings should be considered:

National Strategy for Developing Suicide Prevention Programming in Correctional Settings

Goal 1 Promote awareness that suicide in correctional settings is a public safety/public health problem that is preventable. Develop a listserv where professionals can communicate about issues pertinent to suicidal behaviors in correctional settings. Establish national forums that focus on suicide prevention programming in correctional settings and that bring together stakeholders that will increase awareness. Increased awareness linked with dispelling myths about suicide will reduce the stigma associated with such behaviors.

Goal 2 Develop broad-based support for suicide prevention programming. Include the correctional leadership, professional groups, and other advocacy groups. Partnerships will aid in the establishment of momentum and provide continuity and legitimacy through involvement of key groups. Solicit funding from governmental grants and charitable foundations.

Goal 3 Develop evidence-based programming for the identification, assessment, and treatment of the various

manifestation of suicidal behaviors. Include the development of a standardized assessment instrument that identifies both risk and protective factors and that is normed on a correctional population. Develop treatment algorithms and post-intervention protocols with outcome measures to evaluate program effectiveness.

Goal 4 Promote efforts to reduce access to means and methods of suicide. Design educational material for staff about the ways and means suicides occur. Include security and health care staff in monitoring and controlling objects used for potential suicides. Develop standardized practices for controlling access.

Goal 5 Implement training for recognition of at-risk behavior and delivery of effective treatment. Standardize training for staff who come into contact with inmates who are at risk. Define minimum learning objectives for these staff and tailor the training to their assigned responsibilities.

Goal 6 Develop and promote effective clinical and professional

practice. Use the core competencies for mental health professionals from the training curriculum “Assessing and Managing Suicide Risk,” which was developed by the Suicide Prevention Center in collaboration with the American Association of Suicidology. By promoting effective clinical practices in the assessment and treatment of all forms of suicidal behavior, the probability of successful outcomes is improved. The development and implementation of protective factors can also contribute importantly to reducing risk.

Goal 7 Standardize the nomenclature used to describe the spectrum of suicidal phenomena. Developing language and definitions of terms will facilitate in multidisciplinary communication, accuracy in reporting, and research of suicidal and behaviors.

Goal 8 Promote and support research on suicidal behaviors that occur in correctional settings. Developing a national correctional database to collect information that is amenable to analysis and interpretation is critical for program viability.

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Conclusion

Multiple layers of physical and psychological impact experienced during the COVID-19 pandemic has contributed to a redefinition of personal wellbeing. The fear of being infected or infecting others coupled with emotional stress of seeing loved ones perish has altered our sense of security. Certainly, these impacts have been concentrated in congregate living settings such as jails and prisons where increased exposure risk and personal lack of control over the environment exist. Research findings support that mental health needs of incarcerated persons increased during the pandemic (Simpson, Richardson, Pietrabissa, Castelnovo, & Reid, 2020). Also, there is significant evidence that symptoms of depression and anxiety increased, along with a sense of social isolation (Shiple & Eamranond, 2021); however, there is very little evidence to support that an increase in suicides occurred during this time period.

Multiple layers of physical and psychological impact experienced during the COVID-19 pandemic has contributed to a redefinition of personal wellbeing.

Mitigation measures such as unit cohorts, reduced or suspended visitation, work release, recreation and programming have all taken an emotional and physical toll on incarcerated persons. Protective factors such as peer and family support have been severely interrupted often leading to an increased sense of isolation and despair.

Fortunately, numerous intervention strategies have proven successful in softening the impact of COVID-19 within carceral settings. Creation of supportive environments and recognition for the unique challenges facing offenders with mental illness and other special groups, both during incarceration and at the time of release, is essential. Correctional professionals can learn from these findings to better manage the ongoing physical and emotional toll of a pandemic behind bars.

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