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Letter to the Editor—The Disproportionate Negative Impacts of COVID-19 on the Mental Health of Prisoners

Editor:

While there has been legitimate attention concerning the effect of COVID-19 on the physical health of inmates, another important aspect to address is the mental health complications as a direct result of the pandemic. COVID-19 poses new challenges to supporting the mental well-being of prisoners, in addition to exacerbating present issues in the incarceration system.

EXACERBATION OF PRESENT ISSUES

Heightened Anxiety and Mental Illness

Prior to COVID-19, it was well documented that prisoners worldwide experienced greater levels of mental illness, with an estimated one in seven inmates having major depression or psychosis (1). Various complex factors contribute to this impressive figure, one being a prisoner's beliefs that they are not in control of the outcome of their lives, also known as having an external locus of control (LOC) (2). Studies have found that inmates commonly have external LOC and this is linked with higher levels of depression in incarcerated men (3) and women alike (4), and in general an external LOC is correlated with higher levels of stress (5) and anxiety (6).

For those who are incarcerated, a lack of control is less of a belief and more of a reality in all aspects of their lives. Studies conducted since the outbreak of COVID-19 in the United States

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have revealed that Americans are feeling more anxious due to worries relating to them or a loved one contracting coronavirus (7). It is expected that prisoners would suffer from the same anxiety but, unlike the general population, they cannot attempt to reduce this anxiety by following the safety guidelines outlined by the CDC and their anxieties may be even greater due to their elevated risk of getting sick. In addition, anxiety worsens preexisting mental illnesses, a fact that is especially relevant to the prison population. The compounding of unsafe prison environments, greater prevalence of mental illness, and prisoners' inabilities to improve or control their surroundings can lead to disproportionately poorer mental health in response to COVID-19.

In order to counteract this response, prisons should focus on addressing the cause of the anxieties. Improving the environment of the prison would reduce the actual and perceived risk of contracting COVID-19 and lessen prisoners' anxiety. Improvements to consider include releasing non-violent offenders with little time left to serve to reduce overcrowding, providing adequate sanitation supplies to ensure personal hygiene, and equipping prison officers and prisoners with proper personal protective equipment.

NEW CHALLENGES

Social Isolation

United States prison systems have placed emergency protective measures to minimize contact between prisoners, guards, and visitors. While this is positive for the physical health of those involved, these measures are isolating for prisoners and ultimately have a negative impact on their mental health without the proper mitigating strategies (8).

One measure put into place by the Federal Bureau of Prisons and certain states is the suspension of visits by community members. This is detrimental to the mental health of prisoners as visits by family members have been shown to reduce depressive symptoms in women and adolescents (9). Some correctional institutes are providing teleconferencing services to prisoners which could be a useful tool for mitigating the lack of social support.

Most US jails operate above their designed capacity (8). Due to limitations in space, prisoners exposed to COVID-19 may be placed in the spaces typically used for solitary confinement and

prisoners without COVID-19 may face increased restriction to their individual cells (8); for example, youths in American juvenile correctional facilities stay in a small cell for 23 hours per day with almost completely no human contact (10). Although this restriction is not being implemented punitively, it bears many of the same psychologically damaging qualities of solitary confinement such as social isolation, physical idleness, and sensory deprivation (8). Studies have found that social isolation is correlated with clinical depression and long-term impulsive control disorder, particularly in those with pre-existing mental illness (11).

In order to humanely physically separate prisoners from others, the differences between solitary confinement and quarantine/medical isolation must be understood. In solitary confinement, a prisoner may be punished for an indeterminate amount of time and at the discretion of a correctional officer (8). If a prisoner is being quarantined or medically isolated due to direct exposure to COVID-19, it should be for a medically-informed, predetermined amount of time that the prisoner is aware of. As prisoners are being isolated for the greater good rather than as punishment, they should have access to resources - such as books, television, and means to communicate with their loved ones - in order to keep themselves stimulated and make their separation mentally bearable (8). In addition, prisoners testing positive for coronavirus may be housed together as they do not run the risk of exposing the virus to one another (8). This could help reduce the constraints on space and mitigate the consequential social isolation. It's imperative that the quarantine/medical isolation environment be as humane as possible so that inmates feel comfortable reporting their symptoms. A failure to do so would compromise the physical and mental wellbeing of prisoners, correctional workers, and the greater communities surrounding prisons.

The negative impacts of COVID-19 on the mental health of prisoners may grow more permanent as the pandemic continues. As prisons are disproportionately made up of people of color, these consequences may play a part in deepening the health disparity between these communities and the white community. Unfortunately, the resources needed to mitigate the negative psychological impact of the pandemic could be lacking in underfunded prisons. This means that elected leaders, advocates, family members, and other concerned individuals must ally together to support the incarcerated by urging policy changes or by private efforts (8). Although the pandemic poses

new challenges to the prison system, these challenges merely expose the existing inadequacies of the current prison system in the United States. The recommended responses suggested above are especially needed now but should remain in place after the pandemic passes to improve the physical and mental health of prisoners.

References

- 1. Yi Y, Turney K, Wildeman C. Mental health among jail and prison inmates. Am J Mens Health 2017;11(4):900-9. doi: 10.1177/1557988316681339.
- 2. Rotter JB. Generalized expectancies for internal versus external control of reinforcement. Psychological Monographs: General and Applied 1966;80(1):1–28. doi: 10.1037/h0092976.
- 3. Reitzel LR, Harju BL. Influence of locus of control and custody level on intake and prison-adjustment depression. Crim Justice Behav 2000;27(5):625–44. doi: 10.1177/0093854800027005005.
- 4. Asberg K, Renk K. Perceived stress, external locus of control, and social support as predictors of psychological adjustment among female inmates with or without a history of sexual abuse. Int J Offender Ther Comp Criminal 2014;58(1):59-84. doi: 10.1177/0306624X12461477.
- 5. Abouseri R. Sources and levels of stress in relation to locus of control and self esteem in university students. Educ Psychol 1944;14(3):323-30. doi: 10.1080/0144341940140306.
- 6. Gomez R. Locus of control and avoidant coping: direct, interactional and mediational effects on maladjustment in adolescents. Pers Individ Dif 1998;24(3):325-34.
- 7. American Psychiatric Association. New poll: COVID-19 impacting mental well-being: Americans feeling anxious, especially for loved ones; older adults are less anxious. 2020. https://www.psychiatry.org/newsroom/news-releases/new-poll-covid-19-impacting-mental-well-being-americans-feeling-anxious-especially-for-loved-ones-older-adults-are-less-anxious (accessed April 21, 2020).
- 8. Cloud DH, Ahalt C, Augustine D, Sears D, Williams B. Medical isolation and solitary confinement: balancing health and humanity in US jails and prisons during COVID-19. J Gen Intern Med 2020;35(9):2738-42. doi: 10.1007/s11606-020-05968-y.

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- 9. De Claire K, Dixon L. The effects of prison visits from family members on prisoners' well-being, prison rule breaking, and recidivism: a review of research since 1991. Trauma Violence Abuse 2017;18(2):185–99. doi: 10.1177/1524838015603209.
- 10. Gagnon JC. The solitary confinement of incarcerated American youth during COVID-19. Psychiatry Res 2020;291:113219. doi: 10.1016/j.psychres.2020.113219.
- 11. Arrigo BA, Bullock JL. The psychological effects of solitary confinement on prisoners in supermax units: reviewing what we know and recommending what should change. Int J Offender Ther Comp Criminol 2008;52(6):622–40. doi: 10.1177/0306624X07309720.

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