

Letter to the Editor—Behavioral Health Implications of Inmate Release During COVID-19

Editor,

There are more than two million people incarcerated in the United States (1). With the spread of the novel SARS-CoV-2 strain of coronavirus (COVID-19), there has been recent attention afforded to the conditions of confinement for persons in correctional facilities across the country (2). As one measure in dealing with the pandemic, a number of detainees, family members, and organizations have called on governors, legislatures, prosecutors, and other leaders to take measures to quickly reduce the numbers of people in correctional facilities. Advocates for diversion from the criminal justice system and release of inmates have urged leaders to take immediate steps to minimize the spread of the pandemic within correctional facilities and, by extension, to the broader communities. In response to this pressure and, in some cases, legal suits, several local governments have taken measures to grant early release to inmates (3). These programs have largely focused on identifying detainees who are elderly or otherwise in a vulnerable class for contracting COVID-19, nonviolent offenders, and those who were already due for release in coming weeks or months. By way of example, Governor Jay Inslee issued an emergency commutation order for certain inmates in Washington State (4). Pending additional directives from the Washington Supreme Court as a result of a case filed by inmates in Washington (5), the state issued an initial list of persons whose sentences would be commuted and authorized their transfer from confinement within seven days of the order, or as soon as reasonably possible. (6). A significant number of commuted inmates had alcohol- or drug-related offenses (7).

Regardless of one's position on the release of inmates, the debate and attention to date has focused on reducing the spread and physical health consequences of COVID-19 and balancing this with public safety concerns inherent in early release of inmates back into the community. Limited consideration has been placed on the behavioral health implications of early and expediated inmate release during COVID-19. Given the quick time frame between identification of those inmates selected for expediated release and the actual dates of anticipated release in order to have a meaningful effect during the pandemic, it is likely that transitional and discharge planning will be abbreviated. Transitional planning and discharge planning are the mechanisms used to assess the healthcare and psychosocial needs of individuals to promote a successful transition from corrections to the community. Accordingly, it is an important public health consideration to think about the ways expediated release may impact behavioral health and psychosocial factors for newly released inmates and their families during COVID-19.

It is premature for any empirical studies or data on the behavioral health impacts of expediated inmate release during COVID-19. Identified here are just a handful of possible secondary consequences to expediated release of inmates during the pandemic. Given the implications for public health, it is important to consider these factors in effort to support and provide

policy interventions to reduce adverse outcomes among released inmates and their contacts during this time of reintegration.

Heightened Anxiety

Studies conducted since the COVID-19 outbreak have revealed high levels of anxiety among U.S. adults in the community (8). Like community samples, inmates have not been immune from worrying about the risk of contracting or dying from COVID-19 or knowing someone who is ill or dying from the infection. Previous studies have demonstrated that anxiety is common among prisoners as they transition into the community with apprehensiveness associated with an unknown future. Many prisoners have limited financial and social resources upon discharge and they are likely to worry about how they will support themselves or transition without adding to the economic stress of the household. As a whole, inmates have elevated rates of predeparture unemployment and lower levels of formal education than community comparisons. With shelter-in-place, closed businesses, and the economic downturn, it can be especially stressful for former inmates (and relatives) in thinking about how they will manage financially.

Management of Mental Illness

The prevalence of mental illness in correctional facilities is higher than that in the community. Prevalence estimates of mental illness in correctional settings range from 6% to more than 20% for severe mental illness such as schizophrenia and major depression, and higher when all symptoms of severe psychological distress are considered (9). Given this number, it is expected that a percentage of persons commuted or provided expediated release during COVID-19 will have mental disorders. During this time of COVID-19, assessment of prerelease mental condition may be abbreviated and inmates may be discharged without specific recommendations for treatment upon their release or without providing sufficient education about how health care is being delivered during COVID-19.

Risk of Substance Use

Alcohol and substance use disorders are common among persons who are incarcerated. Research has demonstrated that former inmates are at high risk for relapse and death from drug overdose, especially in the period immediately postrelease (10). Relapse to alcohol and illicit substances is associated with poor social support, medical comorbidities, and inadequate economic resources. Inmates who gain expediated release may be at increased risk for having all three risk factors identified here, especially if prerelease planning is rushed. Among persons whose sentences have been commuted in Washington, a significant percentage had been incarcerated for alcohol and drug-related crimes. For professionals and others who treat and work with this population, it will be especially important to recognize this risk and access to care issues. Protective factors to reduce relapse and overdose include participation in drug treatment

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programs, spiritual or religious affiliations, community connections (such as self-help group), and family support (10), all of which may be challenged with social distancing policies during COVID-19.

Recognizing Risk of Suicide

Recent commentary has suggested a number of factors during COVID-19 that could lead to elevated risk for suicide during the pandemic, including economic stress, social isolation, barriers to mental health treatment, co-occurring illness and medical problems, national anxiety with unprecedented levels of media coverage, and increased firearm sales since the start of COVID-19 (11). As already eluded to, inmates releasing into the community are likely to face many of these risk factors. What is more, research has demonstrated that suicide rates—even in the absence of a pandemic or other disaster—are higher among all classes of people with criminal justice involvement than the general population, including those transitioning from incarceration to life in the community (12,13). The risk of suicide for released prisoners is especially high in the first month in the community (14). This time of transition is a particularly vulnerable period of many released inmates and deserves attention from the medical community and policy leaders.

Risk of Domestic Violence

Many inmates experience loss of family and other social supports while they are incarcerated and it can be a difficult transition upon release to reestablish former relations. Family relationships are not automatically reestablished at the moment of an inmate's release and adjustment to the changed roles, even under normal circumstances, can be difficult. In the setting of expedited release during COVID-19, recently released persons may be domiciled with family members, partners, or others in close proximity as they also try to reestablish routine and connections. Some of the same risk factors for heightened anxiety, alcohol and substance use, and suicide mentioned above are similarly associated with violence in families and among intimate partners. Before COVID-19, persons experiencing discord, emotional distress, or violence in the home could physically remove themselves from the residence or seek a protective order with the police, if needed. Since the pandemic, these options are not as readily available with stay-at-home orders, difficulty accessing courts, and limited options to find and secure alternate housing during this time (15).

Access to Behavioral Health Treatment

Establishing continuity of care between correctional care and community-based care is often strained in the absence of a pandemic. Previous research has indicated that the lack of planned healthcare contacts following release may lead to increased utilization of urgent and unplanned contacts with health services following release for problems related to mental health (16,17). Access to care during COVID-19 has challenged the community at large. It is hypothesized that this will be especially difficult for persons who had been in corrections for lengthy sentences and without thoughtful attention to discharge planning. But perhaps a silver lining is that optimizing access to behavioral health and psychosocial support service can mitigate the negative impacts on the newly released, their families, and the community. A consistent factor across all of the previously identified

possible secondary behavioral health consequences to early release from correctional facilities is that the risk can be mitigated with removing barriers and increasing access to behavioral health treatment and supportive interventions. With attention to this issue, healthcare providers, family members, and others can help the newly released manage their symptoms, strengthen community connections, and bolster their coping skills and resiliency.

There are a number of possible behavioral health implications of expedited release of persons from correctional facilities, some of which have been identified here. Correctional facilities, healthcare providers, and policy leaders have a shared responsibility to recognize risks among this population and take measures to reduce adverse outcomes. Although this is an unusual time in history, with awareness of such risks, we can work toward crafting policies and programming to help those released during COVID-19 as well as others later to be released into community settings.

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