



**Dealing with
Mental Health Issues
in Prisoners during
COVID-19:
A HANDBOOK**

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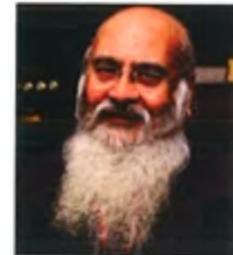
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Message from the Director of the National Institute of Mental Health & Neuro Sciences, Bengaluru

The prison population represents an incarcerated section of the society, calling for utmost attention from the State. The prevalence of mental illness among the prisoners is significant. Prison populations are predisposed to mental health issues and these issues may further exacerbate in the prison environment. The prison staff also battle with burnout while working in a highly demanding environment. Access to treatment in prison for the prisoners and the prison staff needs to be a priority. To enhance care in prisons, immediate steps are required to address this concern. Special medical and mental health challenges are posed by the ongoing COVID-19 pandemic. Hence preparedness, health promotive measures, and management of mental health issues of the prisoners and the prison staff is the need of the hour. I hope this handbook will be helpful for stakeholders in handling the mental health issues of prisoners and prison staff during the COVID-19 pandemic.

Dr. Shekhar P. Seshadri,
Director, NIMHANS.

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Chapter 1 : INTRODUCTION TO DEALING WITH MENTAL HEALTH IN PRISONS DURING COVID-19

The World Health Organization recognized the outbreak of COVID-19 as a Public Health Emergency of International concern in January 2020. By March 2020, it affected more than 115 countries and was declared a pandemic. Lack of predictability of the course of the infection, immobilization, disruption of the routine, loss of social connectedness, rising health concerns, concerns about the availability of medical facilities, stigma related to the infection, and adverse impact on occupation are various factors that have impacted the mental health(*Rahbar – Corona Response, n.d.*).

Mental health issues relating to prisoners need special attention. According to the Bangalore Prison Mental Health Study, the prevalence of mental illness and substance use disorder is nearly 80% in the prison population. After excluding substance abuse, 27.6% of prisoners still have a diagnosable mental disorder(Math. S, Murthy. P, Parthasarathy. R, Kumar. C, 2011).

The conditions in the prisons pose a major challenge to ensuring physical distancing that has been advocated to curtail the spread of infection. Uncertainties regarding how the prison staffs are equipped to address associated problems persist due to challenges relating to health care facilities and the sufficient availability of mental health professionals in prisons. Even the knowledge among prison staff and officials about mental illness is often inadequate (D. Kumar et al., 2014).

Concerns related to the referral of patients with mental illness to mental health establishments also become important in terms of the ability to identify individuals who need a referral and the availability of a psychiatrist who is sensitive to the needs and requirements of the patients referred from prison.

Prisoners are a vulnerable population and are predisposed to develop mental health issues. Figure 1 depicts the mental health problems faced by prisoners (Math. S, Murthy. P, Parthasarathy. R, Kumar. C, n.d.). Due to this vulnerability and predisposition, the prevalence of mental illness is very high in prisons compared to the community.

Table 1: Prevalence of mental illness in Indian prisons

Study	Sample size	% of prisoners with psychiatric illness
Math et al (2011)(Math. S, Murthy. P, Parthasarathy. R, Kumar. C, 2011)	5024	79.6
Goyal et al (2011)(Goyal et al., 2011)	500	23.8
Kumar et al (2013)(V. Kumar & Daria, 2013)	118	33
Ayrolimeethal et al (2014)(Ayrolimeethal et al., 2014)	255	68.6
Joshi et al (2014)(Joshi et al., 2014)	50	82

Figure 1: Mental health problems faced by prisoners

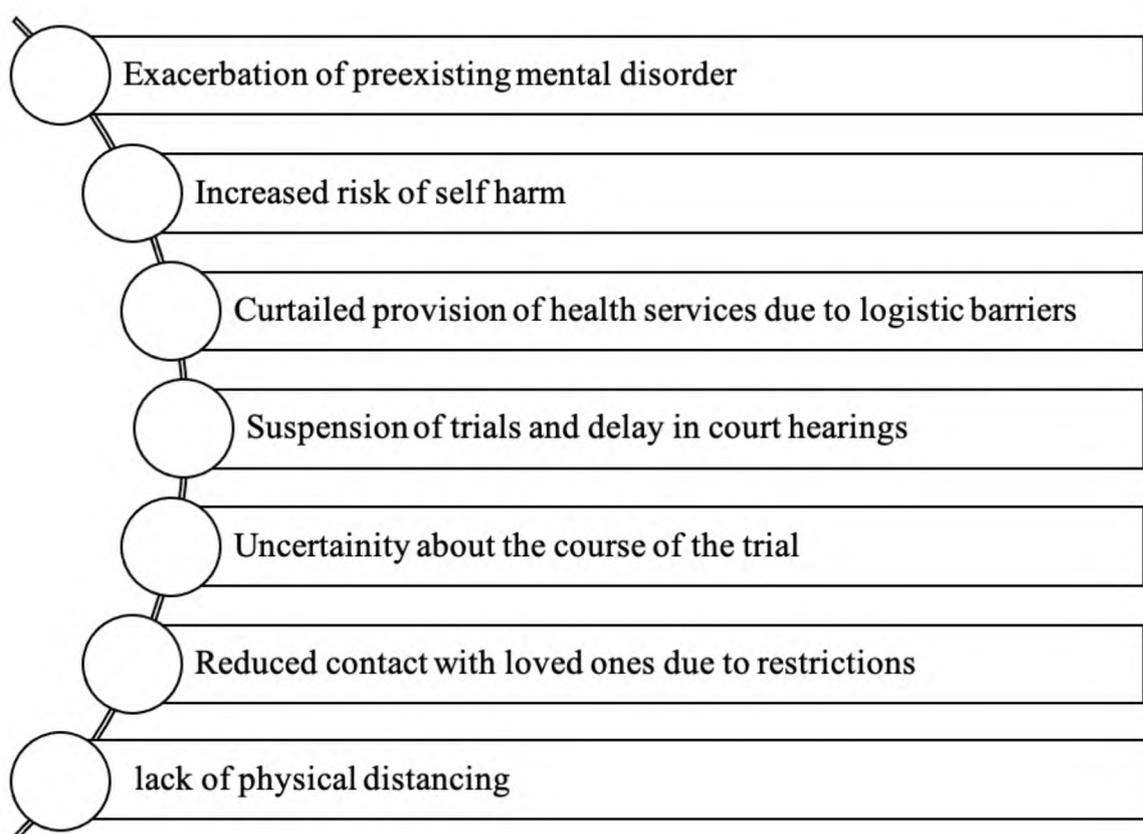
Before imprisonment	In custody	Release from prison
<ul style="list-style-type: none"> ➤ Pre-existing vulnerabilities (Hence a higher risk of imprisonment) ➤ Substance abuse ➤ ADHD ➤ Mood disorders ➤ Psychosis ➤ Personality disorder; ➤ Homeless mentally ill often land up in prison 	<ul style="list-style-type: none"> ➤ Mood disorders ➤ Substance withdrawal-related complications ➤ Drug default may cause a relapse or exacerbation of symptoms ➤ Adjustment and stress-related disorders ➤ Anxiety and mood disorders ➤ Self-harm attempts ➤ Somatoform disorders ➤ Psychotic disorders ➤ Nonorganic sleep disorders ➤ Development of substance abuse 	<ul style="list-style-type: none"> ➤ Adjustment and stress-related disorders ➤ Anxiety and mood disorders ➤ Substance withdrawal-related complications ➤ Self-harm attempts ➤ Somatoform disorders ➤ The above problems can worsen or precipitate mental health problems and lead to relapse

Chapter 2 : MENTAL HEALTH ISSUES IN PRISONERS

About four in ten adults have reported symptoms of either anxiety or depression in the United States during the pandemic(Young et al., 2021). India too has reported an increase in the burden of mental health issues especially in the marginalized and vulnerable population(Roy et al., 2020).

Prisoners are further affected due to several measures that were taken to curtail the spread of the infection. Lockdowns and restrictions related to the COVID-19 pandemic have led to restricted access of family members to the prison, reduced interaction with prisoners, and impediment of legal proceedings, as courts were not functioning. Figure 2 depicts special mental health concerns of the prisoners during the COVID-19 pandemic(Hewson et al., 2020).

Figure 2: Special mental health concerns of the prisoners during the COVID-19 pandemic



2.1 IDENTIFICATION OF MENTAL ILLNESS IN PRISONERS

Gatekeeper model (Burnette et al.,2015)

Gatekeepers are existing people who are in close contact with the prisoners and can provide help for the prisoners. They could be other convicted prisoners, prison staff who will be able to identify and support prisoners needing psychological help. People having a psychological problem or at risk of suicide can access the gatekeeper, who can bridge the gap between them and the professional services. This is of particular benefit in at-risk suicidal prisoners.

Not all prisoners with mental disorders need specialist psychiatric care. But all prisoners need support to counterbalance the negative influence of COVID-19 that adds to the difficult circumstances in the prison

COMMON SYMPTOMS OF MENTAL ILLNESS

Common mental illness	Severe Mental Illness	Substance use disorder	Specific to Covid-19
<ul style="list-style-type: none"> • Feeling sad most of the time • Reduced interest in doing regular daily activities • Feeling tired all the time • Failing to perform routine chores • Frequent crying spells • Lack of sleep and decreased appetite 	<ul style="list-style-type: none"> • Talking or smiling to self • Talking excessively/ sleeping less/ hyperactive • Suspicious/ making big claims • Not taking proper self care • Suicidal/self harm or aggressive behaviour 	<ul style="list-style-type: none"> • Showing heavy urge to consume alcohol or cannabis etc. • Shaking of hands/body when alcohol is not available • Showing aggressive and self harm behaviour when not able to procure cannabis or alcohol 	<ul style="list-style-type: none"> • Excessive worry about contracting the infection even when all precautions have been taken • Lack of sleep and decreased appetite • Becoming easily annoyed or irritable • Excessively inquisitive about Covid-19 and its ill effects

WARNING SIGNS OF SUICIDE:	
TALK	<ul style="list-style-type: none"> • Being a burden to others • Feeling trapped • Having no reason to live
MOOD	<ul style="list-style-type: none"> • Depression • Irritability • Loss of interest
BEHAVIOUR	<ul style="list-style-type: none"> • Calling people to say goodbye • Looking for ways to kill oneself • Giving away prized possessions

RED FLAG SIGNS – Indication for referral
<ul style="list-style-type: none"> - When the pre-existing illness has worsened significantly after the COVID-19 - When there is a significant risk of harm to self in the form of suicidality - When there is a risk of harm to others because of a mental health problem

2.2 STRATEGIES FOR MENTAL HEALTH PROMOTION

At the prison level

Mental Health Awareness for prisoners

- ✓ Administrators/supervisors should PROMOTE awareness about Mental Health and Stress through organizing awareness classes, stress management workshops, etc
- ✓ Regular discussions around common mental health issues that arise out of the difficult circumstances in the prison and COVID19 (depression, anxiety, fear, etc.) and simple steps for psychological 'self-care.
- ✓ Ensure a clear protocol for diagnosis and treatment of healthcare personnel. This will help to avoid uncertainty or confusion.
- ✓ Staff should respect the spiritual beliefs of prisoners, and opportunities and facilities should be provided for relief through spiritual and religious practices.

Communication

- ✓ Ensuring to keep up to date with the State Government guidelines.
- ✓ Keeping the prisoners informed about COVID-19 and following safety measures to prevent infection.
- ✓ Allowing prisoners to communicate with their family and friends at regular intervals over the telephone.

Support during times of distress

- ✓ Staff should be alert to signs of prisoners undergoing an emotional crisis and in need of extra support – following, for example, disturbing news from their families related to COVID 19 and management should ensure that such support is provided.
- ✓ Encourage self-help: When they find someone, who is not his/her usual self. Enquire if anything is wrong, and be supportive. When Red flag signs are detected, inform the senior authority.
- ✓ For prisoners with pre-existing mental health issues, additional support needs to be provided in times of extreme stress.
- ✓ If any of the prisoners have extreme distress, they should be referred for further evaluation by a mental health professional.

At the Individual level

Self- Care

Self-care includes those activities to promote our emotional, physical, relational, and spiritual/religious wellness

Structuring daily activities –	Carry out some activities and hobbies	Spiritual or religious activities (if inclined)
Ensure breaks and adequate sleep	Practice relaxation exercises like yoga	Exercise regularly and have a healthy diet

Relaxation (Breathing Exercise)

Sit in a comfortable position on the ground or on a chair.

↓

Remove any extra items from your shirt, trouser or dress.

↓

Relax your shoulders.

↓

Bring your hands to your lower belly with your two middle fingers touching the belly.

↓

Close your eyes now.

↓

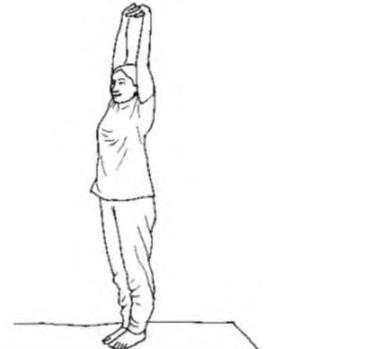
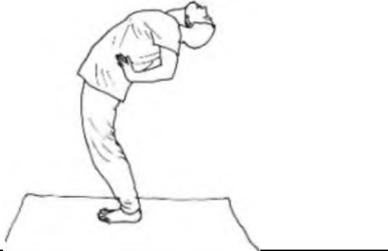
Take a long, deep, gentle breath and send this long and deep breath down to your belly, so your stomach expands (keep your shoulders relaxed). You should find that your middle fingers naturally part slightly as the belly expands with the breath.

↓

Exhale or breathe out slowly. Now you can feel how the belly naturally draws inwards as the breath exits the body and the middle fingers slide to touch again.

Do this abdominal breathing a minimum of 10 times (inhale and exhale slowly).

Fifteen Minute Yoga Module

SN	Name of the practice	Description	Image
1.	Neck Movements (Perform for 3 rounds)	<p>Stage 1: Forward-Backward</p> <p>Inhale, slowly bend your head back</p> <p>Exhale, bend your head forwards, touching chin to the chest</p>	
2.	Shoulder Rotation (Perform this 3 times in clockwise and anticlockwise)	<p>Place the fingers of the left hand on the left shoulder and the fingers of the right hand on the right shoulder.</p> <p>Inhale and raise your elbow & bring them back when exhale.</p> <p>Try to touch the elbow in front of the chest on the forward movement, stretch the elbow back in the backward movement and touch the side of the trunk while coming down.</p>	
3.	Hand stretching breathing and side bending (1 minute: 5 counts hands up and down; 5 counts right and left side bending)	<p>Interlock your fingers and keep them on your chest. Breathe in stretch the hands up above your head while keeping the fingers interlocked, stretch the whole body up at the peak of inhalation, breathe out and come back. Do 5 counts. Then bend sideways with hands stretched up. Breathe out bend towards the right, breathe in back to the center. Repeat same on the left side. Do 5 counts.</p>	
4.	Ardha-chakrasana (backward bending) (1 minute; 5 counts)	<p>Keep 2 feet distance between your feet. Inhale and bend back from your lower back while supporting with your hands breathe out and come back to the center. Keep your eyes open throughout the practice. (Elderly with difficulty in balancing should perform on a chair)</p>	
5.	Nadishuddhi (Alternate nostril breathing) (1 minute: 3 cycle)	<p>Come to sitting position. Back and neck erect. Inhale slowly from left nostril, exhale from right; then inhale from the right and exhale from left. This makes 1 cycle.</p>	
6.	Bhramari (Humming Breath) (1 minute; 6 counts)	<p>Sit with back and neck erect. Gently cover your eyes with fingers and close your ears with your thumbs, Touch your tongue gently to the upper palate. Take a deep breath in and as you breathe out-produce the humming sounds (Mmmmm) and feel the vibrations in the head and face region. Perform 6 cycles.</p>	

Note: To practice 2 times a day, can be done at any time of the day

2.3 QUICK REMEDIES TO HANDLE PSYCHOLOGICAL CRISIS THAT CAN BE EMPLOYED IN CORRECTIONAL SETTING

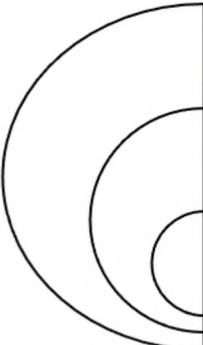
Psychological first aids are the immediate support offered to those in distress and involve both psychological and social support.

Who can provide PFA?

Anybody who wishes to address the distress of an individual can provide PFA. This includes mental health professionals, doctors, nurses, ASHA workers, community workers, and laypersons who wish to volunteer to help in times of disaster.

What are the basic Principles of PFA?

LOOK – LISTEN -LINK are the three principles of psychological first aid



Look	<ul style="list-style-type: none">• Look for the individuals coming for help
Listen	<ul style="list-style-type: none">• Listen to their concerns
Link	<ul style="list-style-type: none">• Facilitate/inform them about the options available• Build support systems

Reference: World Health Organisation, W. T. (2011). Psychological First Aid: Guide for Field Workers. Geneva.

What are the components of PFA?

Every individual has a different reaction to a crisis

PFA involves

- Providing care and support
 - Understanding and knowing the individual's needs
 - Listening to them *not just hearing
 - Provide comfort and help them calm down at the time of crisis
 - Enabling their protection from further distress or harm
 - Providing information / services/ social support
-
- ❖ Always respect the individual's rights and dignity and ensure safety
 - ❖ Adapt to the individual needs and understand their cultural practices

What is not PFA?

- PFA is not therapy/ professional counselling
- PFA does not aim to understand their thoughts/feelings
- In PFA do not ask the individual to introspect into the situation/event

TECHNIQUES FOR PROVIDING PSYCHOSOCIAL SUPPORT

VENTILATION

It is important to allow the individual to ventilate to alleviate the distress. Validate their concerns. Do not be judgmental or minimize their concerns

Things to do

Listen carefully and attentively

Acknowledge the distress

Do not interrupt as much as possible

EMPATHY

It is important to be empathetic to the person's concerns. It may seem odd but it is important to look at it from their point of view. Imagine yourself in the situation and try to understand from their perspective.

ACTIVE LISTENING

It may appear difficult to actively listen over a phone call. But it is important to carefully listen to their concerns. The tone and pitch of your voice will communicate to the caller if you are interested in knowing their concerns

SOCIAL SUPPORT

Social Support systems play an important role in decreasing their distress and ensuring their needs are met. It is important to connect them and link them to the resources available, as many would be unaware of the help available locally.

THE VALUE OF RELAXATION / RECREATION

Lockdown is a time where many would get the time to involve themselves in other recreational activities. Encourage callers to explore their interests or their past hobbies they have been unable to carry out. This would help in distraction from the anxiety regarding COVID – 19 and address boredom during the lockdown. It is important to get back into a routine, this will help to deal with emotional reactions.

2.4 PREVENTING SUICIDE IN JAILS AND PRISONS

Monitoring:

The level of monitoring should match the level of risk. A suicidal prisoner should be constantly monitored. CCTV's can be installed to monitor. A "one-to-one" monitoring is recommended for those prisoners awaiting transfer to psychiatric facilities for treatment of depression or other emotional disorders having suicidal risk.

Communication:

Suicide prevention should start from the point of arrest. There should be communication between the arresting officer, the staff in the prison setting, and between the staff and the prisoner. A watch sheet, which is a written record of suicidal prisoner's behaviour by prison medical offices updated on regular basis, will help to alert other staffs that a prisoner is in need of additional supervision. Prior suicidal behaviour should be asked about from family and friends to enable comprehensive assessment.

Social intervention and peer support:

When necessary, prisoners are placed in isolation cells. It is well known that isolation is a risk factor for suicide. Therefore when isolation is the only option, constant observation should be provided. And if suicidal, prisoners should be in a dormitory or shared cell setting.

Buddy system: Social support through trained prisoners, called "buddies" or "listeners" has been found to have a good impact on the well-being of suicidal prisoners. Periodic telephone conversations with friends and family will also foster support.

Physical environment and architecture(Suicide prevention resource guide 2)

- Suicidal patients should be identified, assessed, and kept in observation rooms.
- Careful selection of furniture and air vents and plumbing to prevent any opportunity for a prisoner to affix a ligature. Any material that can be easily used as a ligature should be removed.
- The observation room should have adequate visibility of the suicidal prisoner allowing staff to view the interior of a cell in its entirety.
- Observation cells should have natural light and exterior views, as there is evidence that greater exposure to daylight can reduce stress and depression, and the absence of windows has been linked to higher rates of anxiety.

Identification and referral

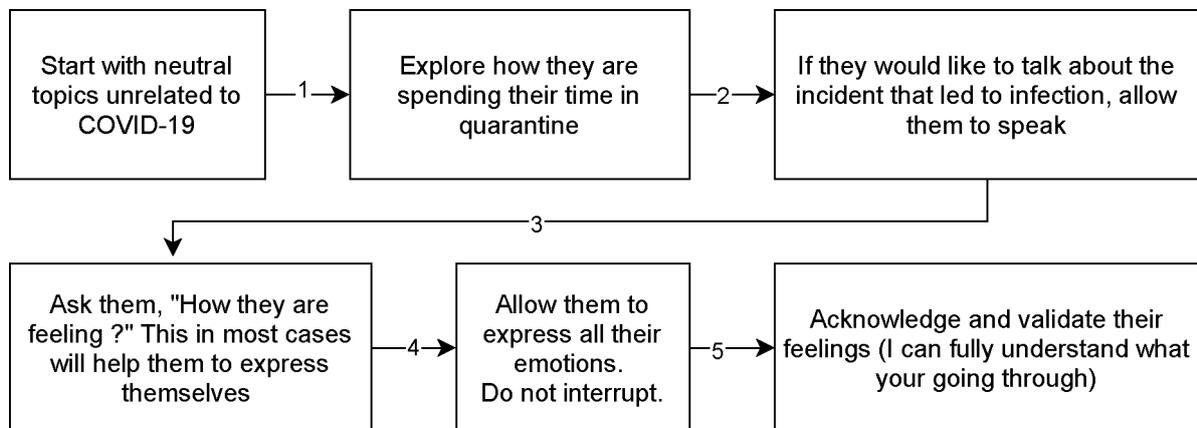
Gatekeeper Model: Selected prisoners should be trained to identify prisoners at risk of suicide, who will refer them to treatment or supportive services.

Mental health treatment

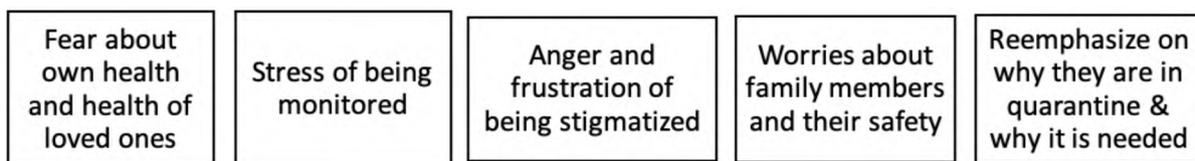
Prisoners with mental disorders having suicidal risk to be on regular and supervised medication, and needs to be regularly assessed for severity of the suicidal risk. If access to mental health staff is limited, links should be made to facilities outside. To address the prisoner's mental health needs, the correctional facility should have links to community-based programs like DMHP (District Mental health Programme) if they do not have adequate staffing or resources.

2.5 STRATEGIES SPECIFIC TO COVID19

- The following steps will help in guiding



- ✓ Check on the concerns related to quarantine /isolation (examples given below)



- × If they do not want to discuss, do not compel

Always remind

- All people who are exposed do not get infected (if exposed waiting for test)
- Vast majority of people infected will remain asymptomatic or develop only mild symptoms (after having tested positive)

Do not

- Overload them with COVID-19 related information
- Do not initiate discussion on fatalities or other media stories related to COVID-19. If the discussion is initiated from the clients side, discuss it in the larger context (for example only 2- 3% die, the rest 97% recover fully).

Ensure

- Your conversation also encompasses topics of general or mutual interest.
- Give sufficient time, do not rush
- Conclude with hopeful statements
- **Tell them that they can call anytime and assure that you will keep in touch.**

HANDLING GRIEF:

Handling grief: Loved ones might succumb to COVID-19 infection. During this period inability to attend funeral, guilt regarding the inability to save the ones who have succumbed to the infection etc. might be lead to mental health issues.

Acknowledge	<ul style="list-style-type: none">• Acknowledge feelings of loss.• Tell him/her that you can imagine how difficult it must have been for him/her.
Express	<ul style="list-style-type: none">• Allow him/her to express his/her emotions (crying, shock, disbelief).• If the person is crying or in shock, be with the person and do not interrupt. Give him/her time to express their feelings.
Talk	<ul style="list-style-type: none">• Allow him/her to talk, and express their feelings about the loved person.
Ask	<ul style="list-style-type: none">• Ask what he/she needs in a sensitive manner.
Help	<ul style="list-style-type: none">• Help him/her to connect with the persons who will support.
Support	<ul style="list-style-type: none">• The prisoner may have doubts and unanswered questions which should be addressed.• Ask him/her what support is needed.
Acknowledge	<ul style="list-style-type: none">• If you do not have answers for a question, acknowledge that you don't know what to say.• Never give information you are not authorised to.

Chapter 3 : DEALING WITH STIGMA IN PRISONS AND CORRECTIONAL SETTINGS

'Stigma is worse than the virus itself.' (Ghebreyesus, Director-General of WHO 2020)

What is stigma?

It is a set of beliefs and negative attitudes against someone based on a differentiating characteristics such as mental illness, disability or health condition. It is manifested in the words and actions of all of us to those whom we differentiate from ourselves. In the context of the pandemic, such stigma could extend to those diagnosed to be suffering from Covid 19. Stigma goes hand-in-hand with stereotypes and has been shown to limit access to help (Turan et al., 2017) and health care. Moreover, stigma perpetuates itself; it may be considered just as contagious as any infection.

Why should stigma be a concern during the pandemic?

Stigma and the resultant behaviour and practices have been shown to increase community transmission as it limits early detection, especially in the infective periods (Turan et al., 2017). Stigmatised persons are likelier to attempt suicides (Kapilan, 2020), and have worse health outcomes than others (Hatzenbuehler et al., 2013; Stangl et al., 2019).

What can be done about stigma in correctional settings?

Many thoughts and attitudes colour the stigma experiences and self-concepts. For example, one could anticipate stigma consequent to reporting flu-like symptoms. Another could perceive stigma in being isolated after testing for COVID 19. Still, others may stigmatise themselves and suffer low moods or anxiety about death or debility due to COVID 19. They could also regard themselves as less accepted even after having recovered completely. It is thus essential to provide a listening ear to them and to understand their stigma experiences. Most times, such interactions are themselves quite relieving and therapeutic. The listener must be empathic and adopt a non-judgmental stance. Validating the person's experience can be further helped by the listener expressing how wrong stigma is. This could help create communication bridges. Recovered persons could also aid in this strategy by being present, making themselves available for informal discussions regarding their experiences. Through such interactions, one must also emphasize not to perpetuate public stigma experiences for others. Frequently, wrongful attributes to those who contracted COVID 19 as irresponsible, dangerous, carriers lifelong, will be infective indefinitely, perpetuates stigma. It is essential not to be dismissive of these concerns while subtly helping them to challenge these myths. Reassurances from officials, facilitation by officials in connecting with families even when they are unable to visit may further lower distress and aid in better mental health outcomes.

Thus, much can be done to militate against the stigma of COVID 19 in jail settings. Prison officials and jail prisoners can work to reduce stigma and prevent the ill effects of stigma. In addition, healthcare support staff at the prisons can aid in influential messaging and dispelling commonly held myths.

Chapter 4 : TELEPSYCHIATRY FOR PRISONERS- CHALLENGES AND POSSIBLE SOLUTIONS DURING COVID-19

During the COVID-19 pandemic, patients are discouraged from traveling and visiting a hospital unless it is an emergency or for treatment for COVID-19 illness. This includes patients in prisons as well. In this background, the Ministry of Health and Family Welfare, along with NITI Aayog released the "telemedicine guidelines" in the country and have provided a statutory status for the practice of telemedicine. This had led to the development of **“Telepsychiatry Operational Guidelines 2020”** that can be referred to while implementing the telepsychiatry services in the respective establishments. As visits to health establishments outside the prison campus come with the risk of prisoners and staff getting exposed to COVID-19, we can use telepsychiatry for prisoners needing specialist consultation.

Modes of Telepsychiatry video consultations that can be considered during the COVID-19 pandemic are:

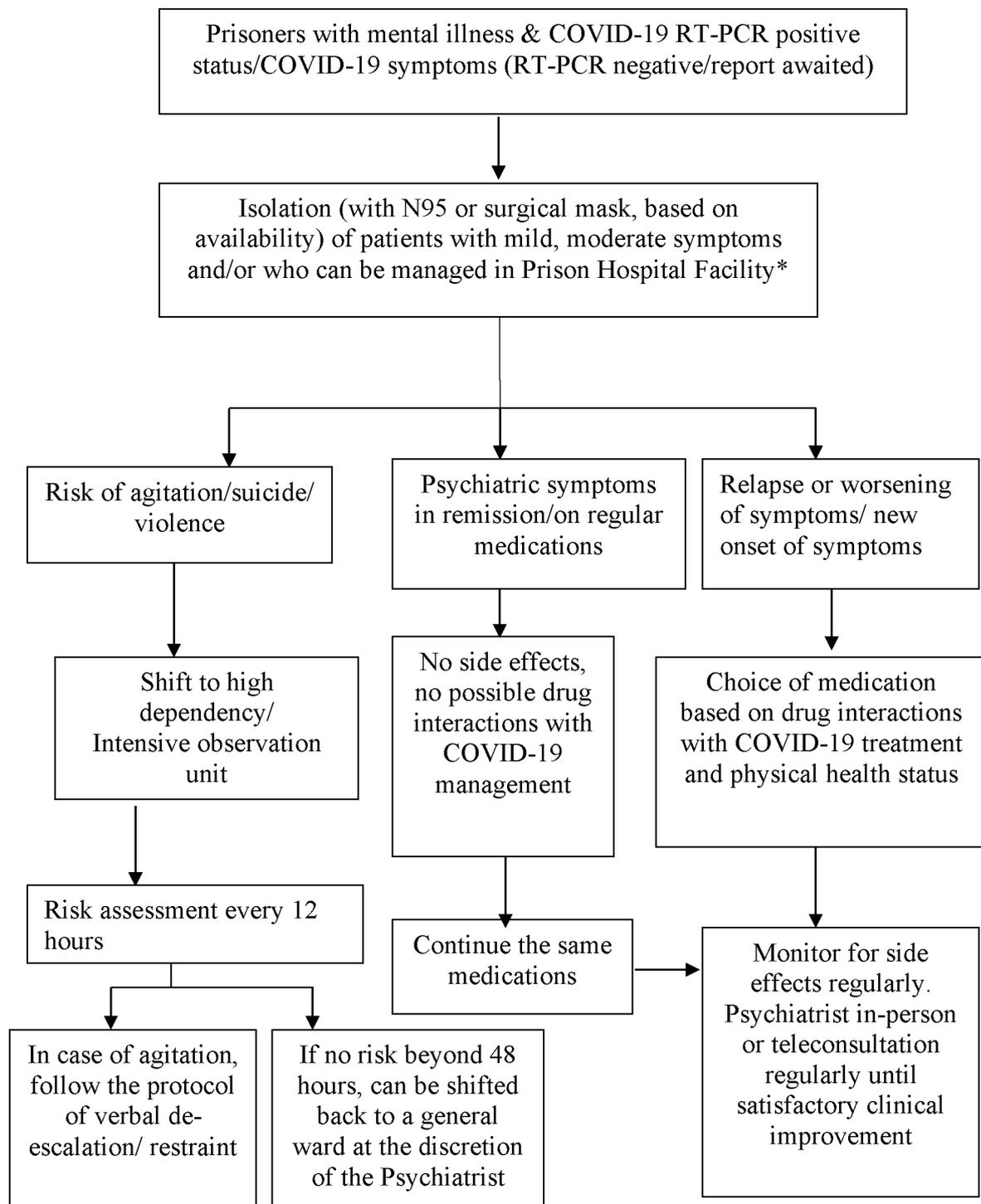
- **Direct to patient:** Video consultations may be used for screening, diagnosis, management, and follow-up of new and old cases. It is possible to include brief interventions such as counselling and psychotherapy sessions through this mode.
- **Collaborative Video Consultations (CVC):** With the presence of an intermediary medical or paramedical staff at the patient’s end, a psychiatrist/mental health professional can provide expert inputs through this form of service.

For guidelines on setting up of video consultations services and for various services that can be provided, it is recommended to look into the following guidelines:

1. Telemedicine Practice Guidelines: Enabling Registered Medical Practitioners to Provide Healthcare Using Telemedicine. 25th March 2020. Available at <https://www.mohfw.gov.in/pdf/Telemedicine.pdf>.
2. Bada Math S, Manjunath N, Kumar, CN & Basavarajappa C & Gangadhar BN. (2020). Telepsychiatry Operational Guidelines 2020 Available at https://www.researchgate.net/publication/341650070_Telepsychiatry_Operational_Guidelines_2020

Chapter 5 : CLINICAL MANAGEMENT OF PRISONERS WITH MENTAL ILLNESS WHO TEST POSITIVE FOR COVID-19

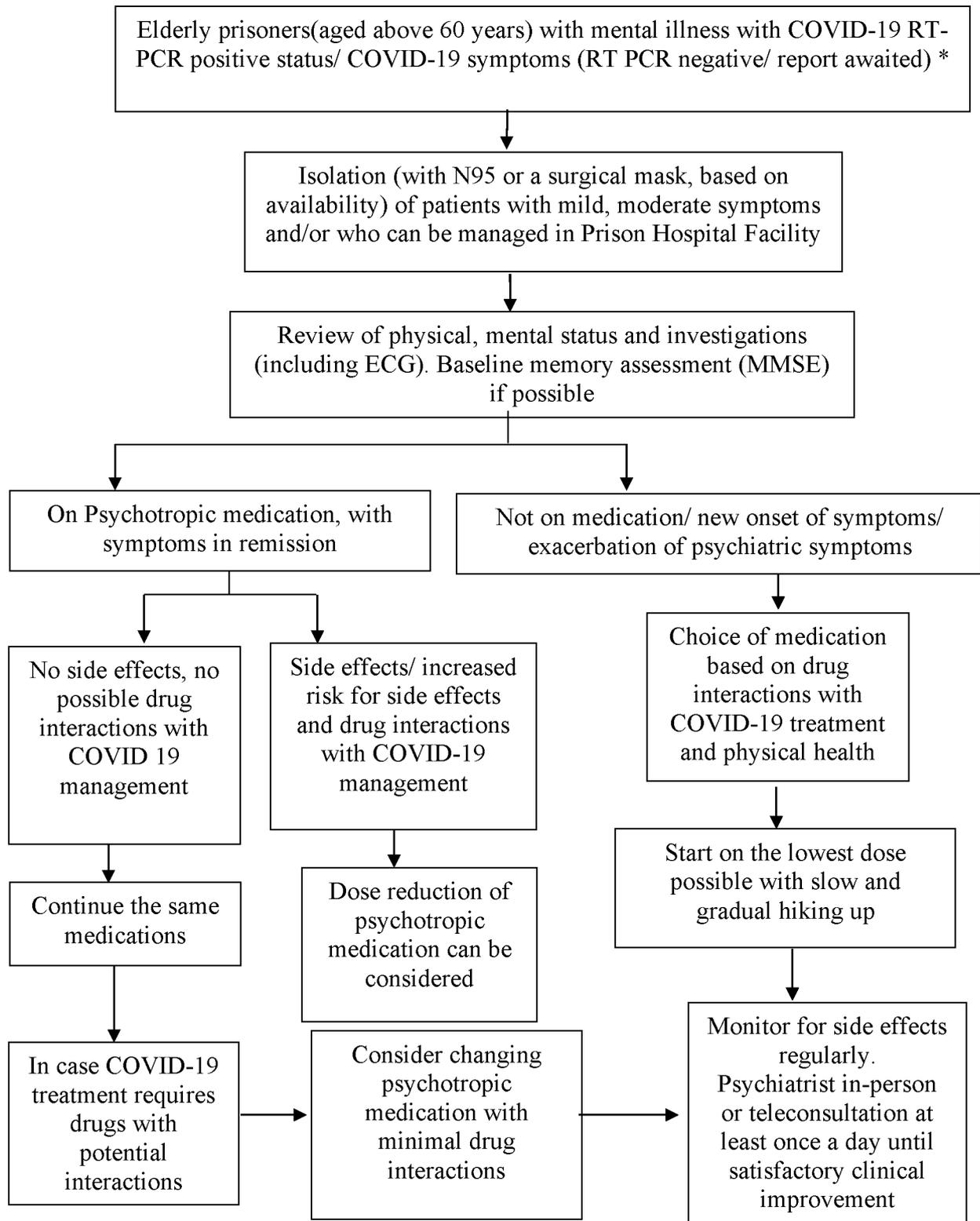
Generic Flow Chart



***Note:** Under medical guidance. And in case of patients unmanageable for COVID 19 infection or any other indication at the prison hospital, follow existing Prison Protocol for referring patients to higher centers.

Management of COVID-19 in Specific Population

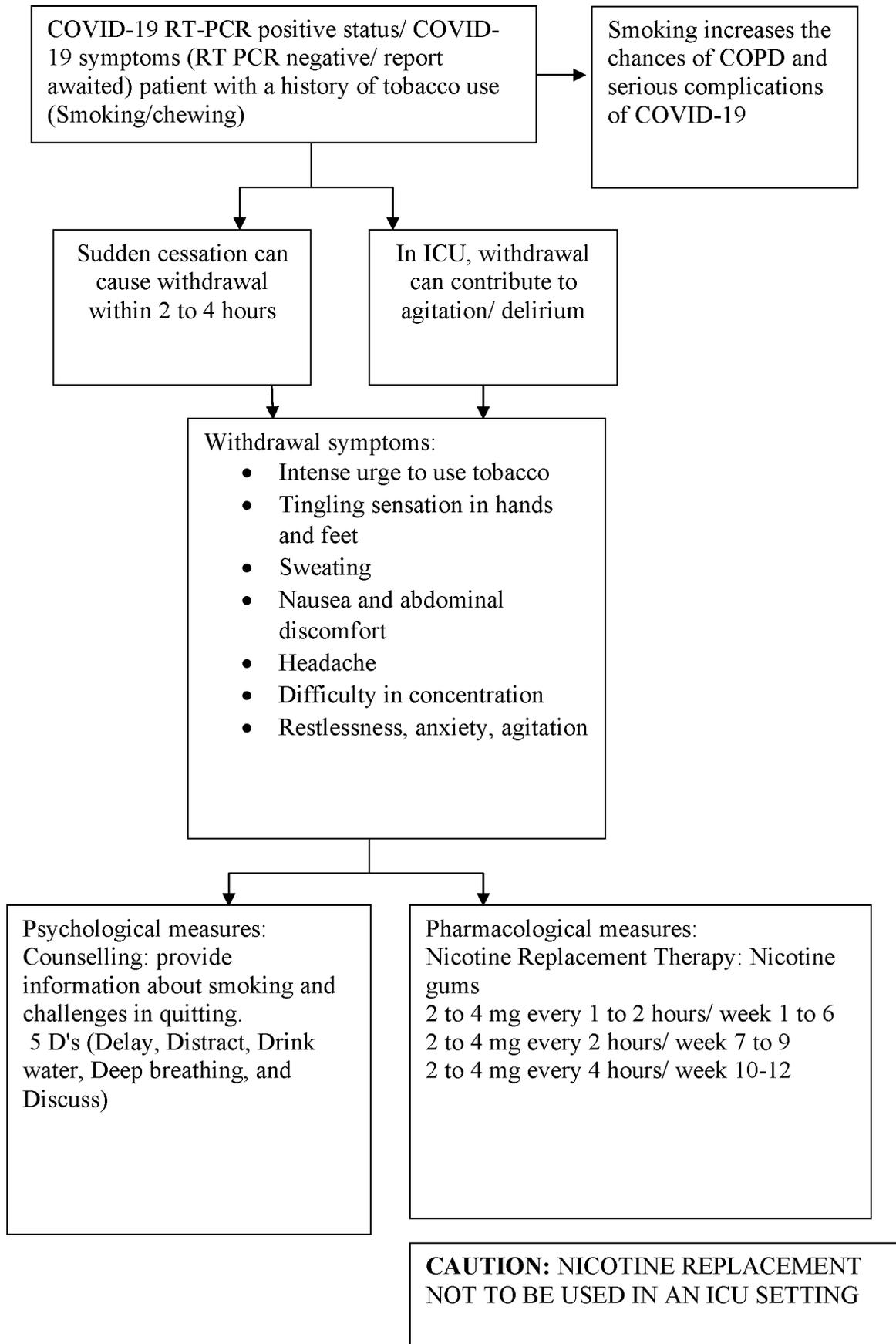
Elderly with Mental Illness:



Note: The risk of multiorgan failure and delirium is higher in the elderly. In case of memory impairment frequent MMSE (Mini-Mental State Examination) is advised.

**Under medical guidance*

Management of Tobacco use Disorder with COVID-19:



General Guidelines for management of prisoners with mental illness and COVID-19

- Prison authorities should take all necessary measures to follow and promote COVID - 19 appropriate behaviour in prisons and strictly enforce the wearing of masks, hand hygiene, and social distancing to the extent possible.
 - The Prison Hospital should have a facility for isolating COVID-19 positive cases (including suspected cases) from other prisoners in addition to consultation with a Psychiatrist either in person or by teleconsultation.
 - Wherever feasible, the primary treating Psychiatrist can be contacted to collect treatment details of the individual patients.
 - **At no point should any psychotropic medication be stopped abruptly without a psychiatrist's advice, unless in case of a life-threatening emergency.**
 - The bed allocated for the patient should be preferably close to the nursing station. This will ensure that the person can be observed round the clock.
 - Steps must be taken to ensure that the windows are well boarded and there is no access to instruments to harm self/others.
 - All medications must be supervised and medical care (e.g.: wound care) reviewed.
 - Information about the N95 mask and social distancing can be provided using simple language and visual depictions or videos.
- ❖ **Communication with Caregivers:**
- Updated list of caregivers as per existing prison protocol should be maintained.
- ❖ **Non-pharmacological Management:**
- If possible, some supervised engagement for patients within the isolation facility may be arranged. This may be some simple task or recreation such as games and group activities following the principles of physical distancing.
 - Psychological support can be provided through teleconsultation mode by Psychiatrists or Clinical Psychologists as per availability and feasibility.
- ❖ **Pharmacological Management:**
- Most patients will be on long-term psychotropic medications which have to be continued while treating them for COVID-19.
 - In case of liver or kidney damage caused by COVID-19 or drugs used for its management, the psychotropic medications need dose adjustments as per their pharmacokinetics.
 - Some of the drugs used for treatment for COVID-19 can have neuropsychiatric side effects, which may worsen the pre-existing mental illness.
 - Available evidence suggests that there is no contraindication for starting/continuing psychotropic medications in a person who is COVID-19 positive. However, it is prudent to keep in mind, possible drug-drug interactions..
 - A collaborative approach is strongly recommended for making specific decision/s on a case-to-case basis (both formulating and implementation). These can be made by a team involving a physician and a psychiatrist.

Chapter 6 : RECOMMENDATIONS:

1. There should be mechanisms available within the prison
 - a. To identify prisoners having mental health issues, and
 - b. To facilitate prisoners with psychological issues to approach concerned authorities for arranging referral and support.
2. Structuring of the day for the prisoners - Maximizing the opportunity to be occupied throughout the day.
3. To conduct an awareness program on mental wellness, mental illness, suicide prevention, and substance use disorder on regular basis.
4. Orientation of prisoners upon arrival at a correctional setting about the healthcare services, and how to access those services.
5. Liaison between DMHP(District Mental Health Programme) team and prison medical officer/psychiatrist. Ensuring an uninterrupted supply of medication for the prisoners with mental illness.
6. Providing the opportunity for recreation and relaxation:
 - i. Reading material, including spiritual/motivational magazines
 - ii. Indoor sports like carrom, ludo, chess
 - iii. Playing music through PA system
7. Providing relevant information to the prisoners.
8. Regular playing of awareness and educative messages using existing audio-visual facilities and setting up a radio station. The information has to be tailor-made for the prisoners using simple DO's and DON'T's messages, short movies, and songs.
9. Measures to be taken to decongest the prison as per state government regulations.
10. Vaccination of the prisoners for COVID-19 on a priority basis.
11. Testing for COVID-19 should be available for all prisoners when they develop symptoms or if they are a high-risk contact with COVID-19 positive as per ICMR guidelines. Facilitation of early reporting of the results of COVID-19 testing to be considered.
12. Recruitment of psychiatrist, psychologist, psychiatric social workers and psychiatric nurses for capacity building on a priority basis as recommended by the Mental Health Care Act 2017.
13. To limit screen time in the prisons.
14. Efforts to be made to connect prisoners with family at regular intervals through VC(Video conference).

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APPENDICES

a. NIMHANS Mental Health Screening Questionnaire

1. Are you suffering from any mental illness? Yes/No
(If yes, please name or describe the condition)
2. Are you now taking any medicines for the same? Yes/No
(If yes, please provide details)
3. Have you ever consulted a psychiatrist/got hospitalised for mental illness? Yes/No
(If yes, please provide details)
4. Did you ever try to end your life? Yes/No
(If yes, please provide details about the most recent attempt)
5. Did you ever try to injure yourself on purpose? Yes/No
(for example cutting yourself, inflicting burns)
(If yes, please provide details about the recent self-injurious behaviour)
6. Have you ever felt sad / depressed / unusually tired most of the days for at least 2 weeks? Yes/No
(If yes, please provide details)
7. Have you ever felt useless, worthless, sinful, or guilty often for at least two weeks? Yes/No
(If yes, please provide details)
8. Have you ever felt so irritable that you found yourself shouting at people or fighting (physical/verbal) with people or getting into an argument easily? Yes/No
(If yes, please provide details)
9. Do people around you say that you are very short-tempered/ moody/ impulsive? Yes/No
(If yes, please provide details with examples)
10. Are people around you worth trusting? Do they try to harm you or do things intentionally to harm you? Yes/No
(If yes, please provide details)
11. Do people around you keep a constant watch on you or follow you or about talk you? Yes/No
(If yes, please provide details)
12. Are you suffering from epilepsy? Yes/No
(If yes, please provide details about the illness and medicine in taking)

(Please read the following questions aloud, so that the respondent understands the questions. Ask for clarification, explanation, and details for each 'yes' response. Document each response as well as the details)

13. Had you been consuming any of these substances on a weekly or daily basis

SI No	Substances	Yes/No	Have you had any harm from use? Yes/No
1	Tobacco		
2	Alcohol		
3	Benzodiazepines (sleeping medicines)		
4	Cannabis (Ganja, bhang, hashish, marijuana)		
5	Opioids (Morphine, heroin, fortwin, cough syrup, pain killers)		
6	Inhalants (whitener, petrol)		
7	Cocaine		
8	Lysergic acid diethylamide (LSD)		
8	Methamphetamine (Ecstasy)		
10	Ketamine		
11	Any other drugs?		

14. Would you like to take treatment for the drugs that you are consuming?

15. Are you ready to undergo urine screening for substance use?

If investigation is done, please provide the report results here.....

16. Orientation

What is today's date, week, month?

Name this place, city, state?

Who is this person? (point to a familiar person)

Disoriented.....

'YES' or 'No'

Action taken if 'yes' to any response

Date

Medical officer signature.....

(Please read following questions aloud, so that the respondent understands the questions. Ask for clarification, explanation and details for each 'yes' response. Document each response as well as the details)

b. MENTAL HEALTH CARE ACT 2017

Mental Healthcare (Rights Of Persons With Mental Illness) Rules, 2018

Schedule

(See rule 11)

Minimum standards and procedures for mental health care services in prisons

Minimum Standard for Mental Health care in Prison

1. Prompt and proper identification of persons with mental health problems should be done.
2. Screening of all inmates during the time of entry to prison including the following:
 - a. Mandatory physical and mental status examination
 - b. Questionnaire screening for substance use
 - c. Urine testing for common drugs of abuse
 - d. Periodic random urine drug testing
3. Identification of persons with serious mental illness and proper treatment and follow-up for this group.
4. Ensuring the availability of minimum psychiatric medication in the prison to facilitate prompt treatment (Antipsychotic medication, antidepressant medication, anxiolytic medication, mood stabilizers, anticonvulsant medication, etc).
5. Availability of psycho-social interventions for prisoners with a range of mental health problems.
6. Protocols for dealing with prisoners with suicidal risk, with behavioural problems and crises related to mental illnesses as well as to prison life.
7. Suitable rehabilitation services for prisoners with mental illness. Specific attention to the aftercare needs of prisoners with mental illness including providing medication after release, education of family members, steps to ensure treatment compliance and follow-up, vocational arrangements, and for those without families, arrangements for shelter.
8. Implementing of National Mental Health Program inside the central prisons
9. Dealing with the psychological stress of prison life
 - a. Counselling for stress needs to be provided to all prisoners in both individual and group settings.
 - b. Prisoners must be encouraged to proactively seek help for any emotional problems, substance use problems or physical health problems.
 - c. Training the prison staff in simple counselling skills. Empowering some of the sensitive, motivated convicted prisoners to be effective peer counsellors.
 - d. One to one counselling upon entry, during periods of crises and upon need or request.
10. Addressing substance use problems
 - a. Identification of substance use problems through questionnaires, behavioural observation and urine drug screening.
 - b. Detoxification services and making suitable pharmacotherapy available for detoxification.
 - c. For persons with dependence, making available long-term medication as well as motivational and relapse prevention counselling.
 - d. Specific interventions to be made available include the following:
 - i. Tobacco cessation services (behavioural counselling, nicotine replacement therapy, other long-term tobacco cessation pharmacotherapy.
 - ii. Alcohol – benzodiazepines for detoxification, vitamin supplementation for associated nutritional problems, counselling and long-term medication.
 - iii. For Opiates – buprenorphine or clonidine detoxification, long-term medication including opioid substitution (methadone/buprenorphine; opioid antagonists like naltrexone).
 - iv. All drug users need to be evaluated for injecting use, for HIV/STI (including Hepatitis B and C screening) and appropriately treated.
 - v. There is a need for urgent human resource enhancement.

11. Professional Human Resources in the Prison. [All central prisons must ensure the presence of at least]:

- i. 1 doctor for every 500 patients. In addition, every prison must have one each of the following specialists providing care – physician, psychiatrist, dermatologist, gynecologist and surgeon.
- ii. 2 nurses for every 500 prisoners
- iii. 4 counsellors for every 500 prisoners. These trained counsellors (with a degree in any social sciences/any recognized degree with counselling experience (medical counselling/legal counselling/ psychosocial counselling/rehabilitation/education) can carry out the following tasks
 - a. Assessment
 - b. Counselling
 - c. Crisis intervention (family crisis, bail rejection, verdict pronouncement, interpersonal difficulties, life events, serious physical or psychiatric illness)
 - d. Legal counselling, pre-discharge counselling
 - e. Rehabilitation counselling
 - f. Substance use counselling
 - g. Training prison staff and peer counsellors

12. Inpatient services

- a. At least a 20-bedded psychiatric facility for every 500 prisoners

13. Prison aftercare services

- a. All prisoners should have pre-discharge counselling on coping strategies, healthy life style practices and support systems they can access
- b. For persons with mental illness they shall be referred to any mental health establishment for after care in community

14. Documentation

- a. Computerised data base and tracking system for all prisoners
- b. Surveillance of health conditions on a regular basis with adequate emphasis on confidentiality and proper information regarding these procedures to the prisoners
- c. Health records for prisoners with basic health information, pre-existing health problems, health problems that develop during imprisonment, details of evaluation and treatment, hospitalization details, health status and advice at release
- d. This information must be given to the prisoner to facilitate continuing health care after release.

15. All central prisons shall have dedicated tele-medicine services to provide health care

16. Following medicines shall be made available

Risperidone, Olanzapine, Clozapine, Haloperidol, Chlorpromazine, Trihexyphenidyl, Imipramine, Amitriptyline, Fluoxetine, Sertraline, Paroxetine, Valproate, Carbamazepine, Lithium, Clonidine, Atomoxetine, Lorezapam, Diazepam, Oxezepam Disulfiram, Naltrexone, Acamprosate, Nicotine Gums, Varenicline,

InjFluphenazine Inj Haloperidol, InjFlupenthixol, InjLorezapam, Inj Diazepam, Inj Promethazine Inj Thiamine/Multivitamin

[F. No. V-15011/09/2017-PH-I (iv)]
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c. FURTHER RESOURCES

- Impact of Covid Panic by Prof. Suresh Bada Math (<https://youtu.be/h17EQvybeAo>)
- Basic Counselling Skills by Prof. Suresh Bada Math (<https://youtu.be/sQqzLjar9No>)
- Video on meditation for stress management (<https://youtu.be/gur9p17XBFk>)
- Video on yoga for stress management (<https://youtu.be/NkWbaBYabwo>)
- Video on addressing social stigma associated with COVID-19 infection (English) (<https://youtu.be/1GCv8 BIWeY>)
- Video on addressing social stigma associated with COVID-19 infection (Hindi) (<https://youtu.be/ca0gl2C3SVI>)
- How to safely stop drinking during lockdown (<https://youtu.be/6HJNFex2v5E>)
- How to safely quit Tobacco during lockdown (Hindi) (https://youtu.be/qkdB_2htNe0)
- Video on addressing psychosocial concerns of healthcare workers (<https://youtu.be/8I5xaKLhwBE>)

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