

# Research Brief

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## **The Impact of COVID-19 on the Incarcerated Mentally Ill Upon Reentry to the Community**

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### Abstract

In an effort to reduce the risk of spreading the COVID-19 virus in jail facilities, public officials released large numbers of offenders from correctional facilities. This research brief examined “pre- and post-COVID-19” perceptions of individuals who regularly interact with incarcerated mentally ill persons regarding the availability of services. The study seeks to gain a better understanding of how the current COVID-19 pandemic is impacting incarcerated mentally ill persons after their release. This study utilized a mixed-methods research design to collect and analyze applicable data. A 14-item COVID-19 survey collected data from individuals and organizations who regularly interact with incarcerated mentally ill persons. Fifty-five individuals completed the survey. Results indicated participants observed pre- and post-COVID-19 changes in the availability and level of services provided to people living with a mental illness. Changes identified included an increase in telehealth services; reductions in connections to resources and linkages to treatment services; and an increase in homelessness, crime and death. The majority of study participants saw a need for a mental health court and treatment diversion services. The implications of this study point to a need for additional interventions to address the needs of the incarcerated mentally ill.

### Introduction

People who live with a mental illness often fail to access mental health treatment on their own. As a result, they have an inability to rationalize, and exercise good judgement when making decisions on how to fulfill unmet needs (Cáceda, Nemeroff, Harvey, 2014). This frequently puts people who live with a mental illness in conflict with the various laws and ordinances governing the areas they inhabit. These conflicts greatly increase their chances of being arrested and incarcerated. Many individuals who suffer from mental illness lack the wherewithal to break the cycle of arrest, incarceration, release, and re-arrest.

The COVID-19 pandemic, which has gripped our nation with illness and the un-timely deaths of many Americans, has also been the catalyst for the release of a large number of individuals jailed for petty crimes, failure to pay court fees, and misdemeanor charges.

Authorities also released many individuals who suffer from mental illness in an effort to prevent further spread of the deadly virus in correctional facilities.

This research brief examines “pre- and post-COVID-19” perceptions of individuals who regularly interact with incarcerated mentally ill persons regarding the availability of services. The research goal is to gain a better understanding of how the current COVID-19 pandemic is impacting incarcerated mentally ill persons after their release. Gathering this information can help policymakers, law enforcement/criminal justice officials, and community organizations better identify services needed by incarcerated mentally ill persons upon their released from correctional facilities.

### National Response

In an effort to lower the risk of contracting the COVID-19 virus and “flatten the curve” in jails and prisons, public officials decided to begin “de-carcerating,” or releasing, as many people as possible. Their initial focus was on releasing those who are least likely to commit additional crimes, the elderly, and the infirmed (Akiyama, Spaulding, and Rich, 2020).

According to McMillen (2020), several states enacted legislation in an effort to reduce the spread of coronavirus. North Carolina enacted SB774 that directed the North Carolina Department of Public Safety Division of Adult and Juvenile Justice, to develop a plan for the release of offenders with low-level non-violent crimes, a medical illness that compromises the offender’s immune system, those near release, and/or juveniles. The bill also calls for the agency to develop a plan regarding future response to coronavirus related emergencies (McMillen, 2020).

The state of Colorado acknowledged the risk posed by the spread of COVID-19 when individuals are unable to practice social distancing and enacted Executive Order D2020-016. This order suspended temporary regulatory statutes regarding criminal justice for the duration of the public health emergency precipitated by the coronavirus pandemic (McMillen, 2020).

In Kansas, state legislators enacted House Substitute for Senate Bill No. 102. The bill allows courts to suspend or extend deadlines or time limitations previously established by statute when the state’s chief justice determines action is necessary to protect the safety and health of court users, staff, and judicial officers (House Substitute for Senate Bill No. 102).

### Mississippi’s Response to COVID-19

According to the Jackson Free Press newspaper, Mississippi’s rate of incarceration is among the highest in the nation, and no consideration will be given to early release of offenders during the COVID-19 pandemic (Jackson Free Press, 2020). Mississippi Governor Tate Reeves stated . . . “Unlike many other states, I do not believe we ought to use the excuse of a pandemic to change our sentencing structure in our criminal justice system” (Jackson Free Press, 2020). However, on the county level some officials have made an effort to reduce the spread of the coronavirus. The Hinds County Sheriff, and the Hinds County District Attorney, reduced the number of inmates in the Hinds County Detention facility by 300 in an effort to reduce the risk

of spreading the coronavirus in the jail. The District Attorney also reported that only non-violent offenders received release (Johnson, 2020).

The release of inmates naturally places a greater demand to provide individuals exiting the criminal justice system with treatment and resources needed to establish stability in the community. In instances where large-scale releases of inmates occur, it becomes critically important to ensure services are available to meet the needs of those released. One of the aims of this study is to examine the impact COVID-19 has on services available to mentally ill persons upon their release back into the community. By obtaining that insight, this study hopes to provide public and private officials with information that enables them to make decisions that help mentally ill persons successfully transition back into their communities.

## Research Methods

This study utilized a mixed-methods research design to collect and analyze applicable data. A 14-item COVID-19 survey collected data from individuals and organizations who regularly interact with incarcerated mentally ill persons. Fifty-five individuals completed the survey. Collected data received analysis using frequency counts, percentages, bar charts, and narrative content analysis. The following tables and charts present survey findings related to key questions asked of participants.

## Results

Table 1 presents findings related to the question asking participants to describe themselves based upon 10 distinct categories. Results indicated the majority of participants (54.55%) identified themselves as community service providers.

Table 1 –	(Describe Affiliation)	%	Count
1	Community Service Provider	54.55%	30
2	Family Member	0.00%	0
3	Law Enforcement	9.09%	5
4	State/County Agency	7.27%	4
5	Elected Official	1.82%	1
6	Judge	1.82%	1
7	Other Judicial System Official	1.82%	1
8	Medical Staff	7.27%	4
9	Clergy	1.82%	1
10	Other	14.55%	8
	Total	100%	55

Chart 1 presents findings to the question asking participants if they were aware of treatment services provided to people with mental illness in their community since the start of the pandemic. Over 76% of participants answered “yes,” while 16% responded “no”.

Chart 1 – Aware of Treatment Services

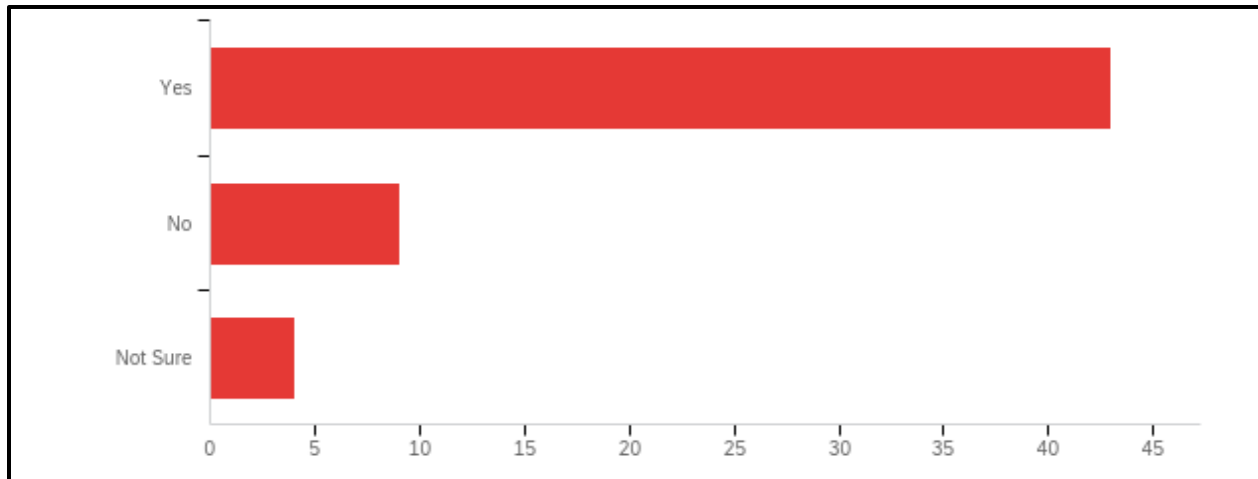


Chart 2 presents findings to the question asking participants has the delivery of services provided to people living with a mental illness in your community **changed** since the start of the pandemic. Over 76% of participants answered ‘yes” compared to 23% responding “no”.

Chart 2 – Observed Changes in Delivery of Services

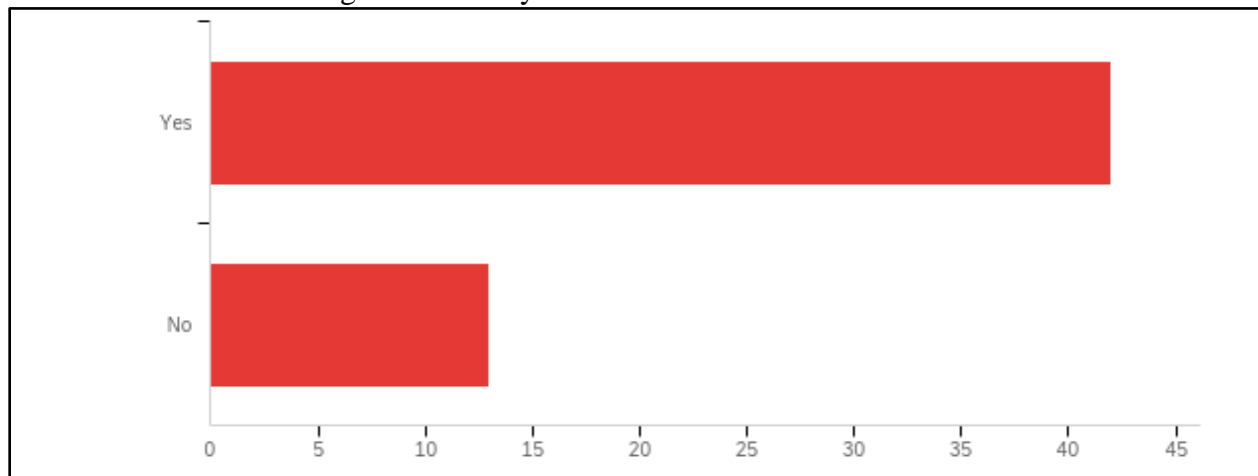


Table 2 presents findings related to the question asking participants to identify “Changes in the following areas as it relates to the incarcerated mentally ill”. Over 61% of participants identified pre- to post-COVID-19 changes occurring in “Linkage to community resources”; and approximately 60% indicating changes in “Connection to treatment”. These percentages may relate to over 54% of survey participants identifying themselves as community service providers.

Due to their employment responsibilities, individuals who work in community service related fields generally are more aware of the availability of treatment services and other resources in the community. This awareness could account for over 76% of participants affirming observable changes in the services provided to people living with a mental illness in their community since the start of the pandemic.

Table 2 – Changes in services Since Start of Pandemic		Question	Yes		No	Total
1	A. Homelessness	51.06%	24	48.94%	23	47
2	B. Public Transportation	39.53%	17	60.47%	26	43
3	C. Linkage to community resources	61.36%	27	38.64%	17	44
4	D. Connection to treatment	60.00%	27	40.00%	18	45
5	E. Crime	53.49%	23	46.51%	20	43
6	F. Incarceration	51.16%	22	48.84%	21	43
7	G. Death	61.90%	26	38.10%	16	42

#### Aware of the treatment services presently provided

Study participants responded to the question asking if they were aware of treatment services presently provided in their community to people living with a mental illness. The majority of participants, 76.79% stated they were aware compared to 16.07% that indicated they were not. Over 76% of participants responded “yes” when asked if the delivery of services provided to people living with a mental illness in your community changed since the start of the pandemic, while 23.64 % responded “no.”

#### *Open-ended Responses*

The following section presents noteworthy results from “open-ended” survey questions. These responses help provide greater insight on issues surrounding the availability of services to incarcerated mentally ill individuals upon their release.

#### Using Zoom/Telehealth Services

Of the noteworthy pre- and post-COVID-19 changes listed by survey participants, an increase in usage of telehealth services received attention. Study participants wrote . . . “With local mental health providers using zoom/telehealth, most of our MI (mentally ill) population doesn’t have access to that kind of technology much less know how to use it. Also for those with DX (Diagnosis) , consistent with Paranoia, telehealth is hardly a reliable way to gain trust or build that relationship.” Other comments received include . . . “The style by which services are rendered has changed, thus indicating a departure from the usual methods of treatment”; “Technology has come more into place and services are somewhat less personalized due to Pandemic”;

“Teletherapy was provided to individuals with access to the internet. Unfortunately, most client's using Community Mental Health are at 100% or more below the poverty line and cannot afford internet services.” In all, there was over 15 responses recorded describing the use of telehealth as one of the changes in the service delivery system due to the COVID-19 pandemic.

### Reduction in Services

Participants also described a reduction in services. Several noted . . . “more individuals are working from home, and services are scarce” and “an increase in homelessness, scarce and limited access to MH services.” One survey item asked . . . “Since the start of the pandemic in your community, have you observed any changes in the following areas as it relates to the incarcerated mentally ill?” Several participants’ provided observations related to death such as “The death rate has increased”; “There has been an increase in homelessness, crimes committed, incarceration and deaths in this community”; and “Many people young and old with mental illnesses and medical conditions are dying”.

### Observed Changes in Linkages to Community Resources

Survey participants provided several comments related to observed changes in linkages to community resources. Examples of comments include . . . “Resources have become limited due to their being more of a need” and “More individuals are seeking out resources”. Other comments included . . . “Not every community resource has been able to effectively transition to virtual or socially distant, and as a result have had to be put on hold or discontinued”; and “These areas have increased and services don't exist or are very limited.” Participants provided responses in the area of connection to treatment as follows . . . “Connection to treatment is not always available for all, because not everyone has the means to offer or engage in services virtually”; and “Not enough services available for them, and no access to help.”

## **Discussion**

The participant perceptions indicated that levels of service provision have changed, been reduced, or are no longer available due to the pandemic. Participants observed that some mental health treatment providers are no longer offering in person face-to-face counseling, but have now gone to telehealth. The incarcerated mentally ill inmates released to the community in many cases lack cell phones and other electronic devices needed to access treatment. To help individuals suffering from mental illness become stable and productive community members, it is critically important to link those individuals with needed treatment and medication resources.

A majority of participants also observed an increase in homelessness. It is important to note that regular attendance at mental health appointments, and compliance with prescribed medications, can offer the mental stability needed for individuals living with a mental illness to access community resources such as housing and food services. This study’s results also indicated an increase in crime since the onset of the pandemic. Individuals going without mental health treatment are at higher risk for legal conflict and recidivism back to the criminal justice system. One of the most alarming observations made by 61.90% of participants related to an increase in death among mentally ill persons. This finding highlights the need for some type of

intervention to connect the incarcerated mentally ill with treatment services upon re-entry into the community.

## Conclusions

On a national level, the COVID-19 pandemic facilitated the need for some states to alter existing policies when it comes to incarceration. Some states released incarcerated offenders in an effort to lower the risk of spreading the coronavirus. This change in policy is occurring in Mississippi as well, especially in city and county jails regarding the release of non-violent offenders. Based upon survey findings, participants did observe changes in services to incarcerated mentally ill persons since the arrival of the COVID-19 pandemic. The resulting changes appear to have a greater impact on mentally ill persons who lack access to treatment and community resources. Survey participants also reported observing increases in homelessness, crime, and death of previously incarcerated mentally ill persons.

Interestingly enough, these changes are occurring a little over a year after the U.S. Department of Justice sued the State of Mississippi for an overreliance on state hospitals, and a failure to develop adequate community based services throughout the state for the mentally ill. A majority of survey participants (88.64%) answered “yes” when asked if a task force is needed to address the issue of people living with a mental illness whether they are incarcerated or not. Based upon the response of study participants, it appears developing a taskforce is an important step to addressing this issue. Plans are to share this study’s findings with legislators, local elected officials, law enforcement/criminal justice officials, community service providers, and other interested parties.

## Recommendations

Based upon this study’s results, the following recommendations provide guidance for public, private, and non-profit officials on how to address the impact of COVID-19 on incarcerated mentally ill persons. To help establish a context for understanding the recommendations listed below, Table 3 provides a listing of survey responses on questions related to “law enforcement-led diversion efforts”:

Table 3 – Need for Law Enforcement-led Diversion Efforts

Answer Choices		Yes		No		Total
1	Law Enforcement-led Diversion Efforts	75.56%	34	24.44%	11	45
2	Mental Health Court Services	89.13%	41	10.87%	5	46
3	Mental Health Treatment Diversion Services	89.13%	41	10.87%	5	46
4	Police/Mental Health Co-Responder Unit	80.85%	38	19.15%	9	47

As seen in the above table, survey respondents indicated significant support for diversionary services designed to reduce the number of incarcerated mentally ill persons. The remainder of this report presents recommendations based upon this study’s survey findings:

A. Implement Mental Health Court Services:

- Address the special needs of mentally ill persons presently involved in the criminal justice system with a history of recidivism.
- Offer court ordered mental health treatment in lieu of jail sentences to individuals that agree to participate in treatment diversion services.
- Supplement monitoring and supervision of participants in the community with the requirement of periodic appearances before a treatment diversion court judge.
- Reduce the population of mentally ill persons detained in jail.
- Coordinate release of offenders in small numbers to facilitate connections to mental health treatment providers, and to avoid placing a strain on the local social services delivery system.

B. Implement Mental Health Treatment Diversion Services:

- Interface mental health treatment diversion services with “discharge planning” prior to the release of incarcerated mentally ill persons.
- Provide outreach to mentally ill persons upon reentry to the community for the purpose of improving linkages to mental health treatment providers and other community resources.
- Monitor activities of mental health court participants being re-connected to their community.
- Report to court and law enforcement officials participants’ compliance with court-ordered mental health treatment.
- Record and maintain data on participants’ outcomes.

C. Implement Police Co-Responder Units:

- Respond to calls for mental health crisis assistance with an experienced law-enforcement officer and licensed mental health professional.
- Assess individuals in crisis to determine their risk of danger to self and others, severity of legal infraction, and mental health status.
- Refer participants to appropriate treatment providers when possible.
- Divert non-violent individuals away from correctional facilities.
- Provide follow-up care to participants as needed.



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