

public health doctors, who were urgently dispatched to affected correctional facilities.

Overall, prisons and detention centres around the world are battling the spread of COVID-19 and have also responded in accordance with local governments as well as the guidelines of international organizations. However, we are yet to see the full picture of the devastating effects COVID-19 will have on world's prisons and detention centres, particularly with regard to implications for mental health in confinement.

III. MENTAL HEALTH IMPLICATIONS IN CONFINEMENT DURING COVID-19

In light of the COVID-19 global pandemic, another key issue that has resurfaced is mental health of prisoners. Studies over the years, most of which focus on high-income countries, have shown that prison populations have a significantly higher incidence of mental disorders when compared to the general population [15]. Most countries have a higher numbers of drug addicts along with those who suffer from diagnosable mental disorders [59]. Furthermore, the global number of older prisoners has also been increasing over the past decades, which also reflects the growing old population outside prisons [60][61][62][63][64]. More than two decades ago, Beitchman's research highlighted that an increasing number of prisoners over the age of 50 were being diagnosed with a major mental health disorder [65]. Likewise, researchers have found that older prisoners with mental health issues are not only the most rapidly growing cohort within the prison population but also one that is enduring worse-off health [60][66]. This was also observed in the work of Moschetti *et al.*, [67] and Nowotny *et al.*, [61], where it was found that older prisoners have higher somatic and mental disorders as compared to the younger prison population. Haesen *et al.*'s systematic review found that older prisoners not only have higher incidence of mental health disorders compared to the younger prisoners but the likelihood of their alcohol use is also high [68]. More recently, Fovet *et al.*, [69] highlighted the challenges being faced by the mental health workers in French correctional facilities with regard to situations involving prisoners' forced drug and substance withdrawal, anxiety caused due to concerns for their wellbeing and their family's safety and decompensation or decline in those with severe psychiatric ailments. It was also found that early release from prisons was also a cause of concern and those recently released were found to be at a high risk of self-harm and drug overdose. Overall, their study also stressed on the need to minimize the notorious effects of "revolving prison doors", that is to effectively manage the communication between prison health services with those outside to avoid any serious health consequences for prisoners. Therefore, there is a strong need to ensure access to treatment and wellbeing, particularly in the current COVID-19 climate.

Ethical dilemmas and debates around prison preparedness for pandemics such as influenza, tuberculosis, and AIDS along with other chronic diseases, particularly in the context of continued care of prisoners who have to share limited resources, have long dominated prison health management literature [70][71][72][73][74][75][76]. In the present crisis, there have been many strategies to segregate COVID-19 positive cases from other people in prison, however such a step can lead to further stressors based on the nature of isolation. Isolation practices quite closely resemble or maybe perceived as solitary confinement, which can result in damaging psychological consequences especially for those individuals who have an underlying mental illness. Isolation can be complex in correctional facilities and continues to be a major challenge.

In most prisons, the only areas that can be utilized for quarantine will be segregation cells that are used to house individuals in solitary confinement [77]. Wildeman and Andersen's research explored the relationship between being placed in solitary confinement and mortality in previously incarcerated Danish individuals. They found a relationship between solitary confinement and elevated mortality due to non-natural cause. The researchers suggest a need for interventions for the vulnerable population that gets placed in solitary confinement [78]. Recently, in their letter to the Editor of Australian and New Zealand Journal of Psychiatry, Stewart, Cossar and Stoové argue that, "the absence of meaningful social contact, environmental stimuli and engagement in purposeful activities through solitary confinement increases the likelihood of severe psychological distress and adverse outcomes post-release" [79]. Even before COVID-19, incarceration had been identified as a factor contributing towards mortality particularly among those with mental and behavioural health disorders [80][81].

We already know that it is imperative to preserve hopefulness and social relations/connections during incarceration [82]. Therefore, access to the outdoors and recreational activities, mental health counsellors or centres and some form of contactless socialization must be integrated into COVID-19 quarantining practices within custodial settings and made universally available to the individuals who are incarcerated. Wurcel *et al.*, urge prison governing bodies to apply "Tele-health" wherever possible [83]. In some places, the response to restricted visitation due to COVID-19 has been quite extreme, such as the riots and fatalities in Italian, Lebanese and South American prisons (to name a few), which means a greater focus on psychological well-being is needed during and post this pandemic.

IV. IS DECARCERATION THE NEW WAY FORWARD?

Corona virus disease is having a drastic effect on not only social control but also the criminal justice systems of the world. We are seeing broadened executive decision-making

with regards to the laws, radical changes to sentencing parameters as well as expansion of scope for crimes and penalties. On 25 March 2020, the UN Subcommittee on the Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (SPT), urged governments to reduce prison and other detention populations wherever possible in response to coronavirus^[84]. Perhaps, I am over estimating but as we find ourselves at this historical juncture, where prisoners across the world are being released in large numbers, it is worth reflecting on opportunities for future solutions based on the principles of decarceration. Note that “decarceration” as a word is yet to be found outside legal dictionaries, however it is a central process within community care and community control that has enormous implications for society. Trends show how mass incarceration affects vulnerable sections of the population, as people of colour, those in poverty and with behavioural and health disorders are overrepresented in prisons [85]. Furthermore, mass incarceration has also proven to be financially unsustainable [86].

Growing evidence indicates that we will be moving to an era of decarceration [87][88][89]. A recent study conducted by Data For Progress, a US based not profit think tank, also found strong public support for an approach that significantly reduces jail and prison populations in order to reduce the spread of the coronavirus [90]. The study found that, “Sixty-six percent of likely voters, including 59% of those who are ‘very conservative’, said that elected officials should be considering measures to reduce overcrowding in prisons and jails as a response to coronavirus”[90]. There is no better time than now to rethink human practices and envision solutions for the future keeping in mind the millions of people that are confined in what are effectively incubators for viral infections. As UCLA law professor Sharon Dolovich puts it in her commentary piece for The Appeal, “Every public official with the power to decarcerate must exercise that power now” [37].

Decarceration permits some confined individuals to move back to the community and get access to resources, which are commonly of higher quality than those in correctional facilities. In light of this present COVID-19 crisis, decarceration as an approach can lessen the number of individuals who remain imprisoned, which can make way for greater social distancing and improved access to health and well-being resources. Until now, there have been no new reported COVID-19 outbreaks in regions where decarceration has been implemented. Many previous conditions where speedy decarceration was applied can be used to support it as a sound public policy and well-being strategy. In 2011, the law in the state of California readjusted sentencing parameters for certain crimes from the state to the county. This led to the release of nearly 30,000 people in about a year, the largest ever seen in U.S history, without impact on violent crime [91]. Sundt *et al.*,’s research lends support to earlier studies that have used California’s realignment law to study the relationship between incarceration and crime [92][93]. Similarly, back in

2001, Russia passed a law that led to the release of 101,000 juveniles, people held on bail, and people convicted of minor crimes in a year, without any negative impact on the country’s national crime [94].

V. CONCLUSION

We can view this crisis as an opportunity. As the coronavirus epidemic threat rises, we are seeing something that was unimaginable months ago – over 300,000 people from prisons around the world have been released. Careful deliberation and thoughtful planning for COVID-19 mitigation in correctional facilities and detention centres is imperative. We need action now, starting with engagement of key stakeholders to identify the current and future needs of prisons, jails and detention centres to combat this pandemic and to be prepared for any future crisis of this nature. To conclude, in the words of the late Nelson Mandela [96], who spent 27 years of his life in prison, “It is said that no one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones.

NOTES

For more up to date situation report, visit WHO <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>.

For more up to date information on the COVID-19 impact on European prisons, see the European Prison Observatory - http://www.prisonobservatory.org/index.php?option=com_content&view=article&id=32:covid-19-what-is-happening-in-european-prisons&catid=7&Itemid=101

British Society of Criminology, Prison Research Network: Open Letter to the UK Government on the response to C19 in prisons -

<https://docs.google.com/forms/d/e/1FAIpQLSepJD9zyBzhQ6kx9Z0J4ng-AqNI-ANz9HF8F9qg6f7BcgSzjQ/viewform>.

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